



Leave Application – Non-Admin/ Direct Care

EMPLOYEE INFORMATION

Employee Name _____ Today's Date _____
 Assigned House _____ Supervisor's Name _____
 Position: _____ Assigned Schedule:(Work Days and Hours) _____
 Total Hours per Week: _____
 Leave Request From: ____/____/____ To: ____/____/____ Return to Work on: Day ____/Date _____

Reason for Absence:	MEDICAL ER	JURY DUTY	OTHER (Explain)
VACATION	FUNERAL	FMLA	
SICK	MILITARY	WEATHER	
DOCTOR'S VISIT	IWIF	CAR PROBLEM	

Requests for LEAVE must be received by the HR Director no less than two weeks prior to the first day employee will be absent. Leave requests due to unavoidable circumstances or illness require verbal approval from Department Director per policy, followed by submission of documents justifying the absence on the first day after returning to work.

Employee Signature/ _____ Date: _____

Supervisor's Use only (below)

Do you recommend leave? Yes ___ No ___ If Yes, can coverage be arranged? Yes ___ No ___
 Is the employee trained to do coverage? Yes ___ No ___ If No, what arrangement is made to train? _____
 Name of employee : _____ Signature of employee : _____
 who will do coverage agreeing to provide coverage

Received on: Date By supervisor Title

Program Director's Use only (below)

Do you recommend leave? Yes ___ No ___ Signature Date

Payroll Use Only (below)

Fiscal Year: July 1, 201__ to June 30, 201__

Date of Hire Benefits Eligibility Date Employee Status Full Time Part Time Part Time
 Hours Eligible For Current Fiscal Year Hours Accrued For Current Fiscal Year Hours Used For Current Fiscal Year Hours Eligible For Current Fiscal Year
40 hours or more per week 30-39 hours per week. Health benefits only <30 hours State mandated benefits only

TOTAL HOURS USED	QTR1			QTR2			QTR3			QTR4		
	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June

Comments

Payroll Use Only Forwarded to Executive Office Payroll Signature / Date

EXECUTIVE APPROVAL OF LEAVE

APPROVED WITH PAY WITHOUT PAY DENIED

Comments

Signature /Date: _____