



Leave Application – Non-Admin/Direct Care

EMPLOYEE INFORMATION

Employee Name: _____ Today's Date _____
Assigned House: _____ Supervisor : _____
Assigned Schedule: _____ Total Hours Per Week: _____
Leave Request Fo: From _____ To _____ Return to Work on: _____ Date: _____

Reason for Absence: Sick [radio] Doctor's Visit [radio] Medical ER [radio] Funeral [radio] Military [radio] IWIF [radio] Jury Duty [radio]
FMLA [radio] Weather [radio] Car Problem [radio] Vacation [radio] Other [text box]

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

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 who will do coverage _____ Signature of employee agreeing to provide coverage _____
Date _____ Supervisor Signature _____ Title _____

PROGRAM DIRECTOR'S USE ONLY

Do you recommend leave? Yes ___ No ___ Signature _____ Date _____

HR USE ONLY

Fiscal Year: July 1, 202__ to June 30, 202__

Date of Hire: [text box] Benefits Eligibility Date: [text box]

Employee Status: [checkbox] Full Time (40 hours or more / week) [checkbox] Part Time (30-39 hours / week) [checkbox] Part Time (<30 hours / week)

Sick Hours Eligible [text box] Hours Accrued [text box] Hours Used [text box] Hours Eligible Available [text box]

ETO Hours Eligible [text box] Hours Accrued [text box] Hours Used [text box] Hours Eligible Available [text box]

[checkbox] Forwarded to Executive Payroll Signature: _____ Date: _____

EXECUTIVE APPROVAL OF LEAVE

[checkbox] APPROVED [checkbox] WITH PAY [checkbox] WITHOUT PAY [checkbox] DENIED

Comments [text box]

Signature /Date: [text box]

Completed Leave application will be returned to HR Folder. Employee and Supervisor will both be notified of leave status.

*ETO is the combined accrued time earned from vacation time and any potential sick time for benefit-eligible employees