



Leave Application – Non-Admin/Direct Care

EMPLOYEE INFORMATION

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

Reason for Absence: Sick, Doctor's Visit, Medical ER, Funeral, Military, IWIF, Jury Duty, FMLA, Weather, Car Problem, Vacation, Other

Requests for LEAVE must be received by the HR Director no less than two weeks prior to the first day employee will be absent.

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
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: Benefits Eligibility Date:

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

Sick Hours Eligible Hours Accrued Hours Used Hours Eligible Available

ETO Hours Eligible Hours Accrued Hours Used Hours Eligible Available

Forwarded to Executive Payroll Signature: Date:

EXECUTIVE APPROVAL OF LEAVE

APPROVED WITH ETO WITH SICK LAVE WITHOUT PAY DENIED

Comments

Signature /Date:

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