



Center for Social Change

Serving Individuals with Developmental Disabilities

Leave Application – Security Surveillance Specialist

Employee Name

Today's Date

Assigned House

Supervisor

Assigned Schedule

Total Hours / Week

Leave Requested For

From

To

Return to Work on

Reason for Absence (check all that apply)

Sick

Doctor's Visit

Medical ER

Funeral

Military

IWIF

Jury Duty

FMLA

Weather

Car Problem

Vacation

Other

If Other, please specify:

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

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

Employee Status Full Time 40 hrs. or more/week Part Time (30-39 hrs/week) Part Time (30-39 hrs. less than/week)

Date of Hire

Benefits Eligibility Date

ETO Hours (Eligible/Accrued/Used/ Available)

Sick Hours (Eligible/Accrued/Used/ Available)

Forwarded to Executive Payroll Signature

EXECUTIVE Approval of Leave

Approved With ETO With Sick Leave Without Pay Denied

Comments:

Signature/Date:

Completed Leave Application will be returned to HR Folder. Employees 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.