



EMPLOYEE LEAVE REQUEST FORM

INSTRUCTIONS

This form is to be completed to request leaves of absence, sick leave and overtime. All leave and compensatory time request (except for illness) must be preapproved and submitted to your supervisor before the leave is taken or compensatory time is earned/used. For vacation and sick leave requested, specify the date and hours taken. For compensatory time specify the date, time and hours worked/used.

NOTE According to the O.R.C. 124.18(A) a non-exempt (hourly) employee may only accrue 240 hours maximum compensatory overtime within 180 days of being granted.

Name:	
College ID#	
Department:	
Date:	

Please use one line for each date of absence and return form to HR.

Type of Leave	Date	Total Hours	HR Use Only
Vacation Leave			
*Sick Leave Submit within 3 days of returning to work FMLA FMLA Intermittent			
Bereavement Leave Sick Leave Vacation Relationship: ()			
Other Leave Military Duty Jury Duty Faculty Personal Day Birthday Holiday			
Comp Time Worked Non-Exempt Only Prev. Balance: () Worked: () New Balance: ()	Date	Time In/Out	Total Hours
		/	
		/	
		/	
		/	
Comp Time Used Non-Exempt Only Prev. Balance: () Worked: () New Balance: ()	Date	Time In/Out	Total Hours
		/	
		/	
		/	
		/	

*More than 3 consecutive work/contract days will be applied to your FMLA accumulated 12 weeks in one-year period, if it is a qualifying FMLA leave unless proven otherwise at a later date.

Employee Signature	Date	Supervisor Approval	Date
Please contact Human Resources at Ext. 7834 for all other types of request.			
		Other Approval	Date