



Leave of Absence Request form

This form must be filled out completely, including the supervisor's signature, and returned to the Human Resources Office via email at ybetler@southalabama.edu.

Employee Information

					HR Approved	
Last Name		First Name		J#	Home Phone #	
Mailing Address			City	State	Zip Code	Work Phone #
Email Address				Supervisor's Name		Department's Title

Leave Information

Select One		Select One: Intermittent FML?			
<input type="checkbox"/> New Leave	<input type="checkbox"/> Continuation of Leave	<input type="checkbox"/> Yes	<input type="checkbox"/> No		

Requested Leave Start Date: ____/____/____ Requested Leave End Date: ____/____/____

Part A: Select Type of Leave: (For COVID-19 related events see Part B)

- FML Employee's Illness** (Must use all available sick leave. Vacation usage is optional)
- FML – Maternity** (Sick leave usage limited to six (6) weeks of available leave for normal delivery. Vacation usage is optional)
- FML – Bonding with a newborn child/Adoption/Foster Care Placement** (May not use sick leave. Vacation usage is optional)
- FML – Family Member** (Sick leave up to 60 work days or 480 hours. Sick leave limited to six weeks to care for Spouse recuperating from the birth of a child. Vacation usage is optional. Check one:
 Spouse Child/Age ____ Parent
- FML – Family Member who is a military service member on active duty or notified of an impending call or order to active duty** (May not use sick leave. Vacation usage is optional) Attach military orders.
- FML- Family Member who is a military service member with a serious injury or illness.** (See policy for sick leave usage for immediate family member. Vacation usage is optional)
- Personal leave** (Paid or unpaid, as indicated below) Employee written statement providing reason for request is required.
- Military Leave** (Paid up to 168 hours per calendar year)

Applicable only to Part A events, for Vacation use:(Once applicable sick leave has been used). Must select one.

- Vacation: use all available Vacation use as follows: Effective Date: ____ End Date: ____ Without Pay

Part B: COVID-19 related events. Select type of leave:

- (1)The employee is unable to work, including unable to telework, because is subject to a Federal, State, or local quarantine or isolation order related to COVID-19. (1st 80 hrs paid, based on FTE, then available sick hours.) After sick, use my vacation Yes No
- (2)The employee has been advised by a health care provider to self-quarantine related to COVID-19. (1st 80 hrs paid, based on FTE, then available sick hours.) After sick, use my vacation Yes No
- The employee is experiencing COVID-19 symptoms and is seeking a medical diagnosis. (1st 80 hrs paid, based on FTE, then available sick hours. After sick, use my vacation Yes No)
- The employee is caring for an individual subject to an order described in (1);or self-quarantine as described in (2). (1st 80 hrs 2/3 pay)
- The employee is caring for his or her child whose school or place of care is closed (or child provider is unavailable) due to COVID-19 related reasons. (1st 80 hrs 2/3 pay. May qualify for additional 10 weeks at 2/3 pay. Employee must have been employed for at least 30 days)
- The employee is experiencing any other substantially-similar condition specified by the U.S. Department of Health and Human services. (1st 80 hrs 2/3 pay)

Employee Signature: _____ Date: _____

Acknowledgement of request:

Department Supervisor: _____ Date: _____

Supervisor's phone number: _____ Supervisor's email: _____

Leave of Absence Request form

How to complete this form:

1. Please make sure you are completing the form titled **Leave of Absence Request form**.
2. Under **Employee Information** enter your contact information. Do not leave any section blank. Communications will be sent via email. Email address is required.
3. Under **Leave Information** answer all questions. Leave start date and end date are required.
 - a. For Non COVID-19 FML related events complete part A.
 - b. For COVID-19 related events complete part B.
4. You must make an election for all pay applicable statements.
5. Sign and date your form. Electronic signatures are accepted.
6. Forward the completed form to your supervisor. Supervisor's signature is required under **Acknowledgement of Request**. Electronic Signatures are accepted.
7. The completed form, with supervisor's signature, must be emailed to ybetler@southalabama.edu.
8. The Human Resources Office will communicate with you via email for the required supporting documentation. Any documentation can be emailed back to Human Resources.

For additional information please visit <https://www.southalabama.edu/departments/financialaffairs/hr/leavepolicies.html>. For questions email ybetler@southalabama.edu.