



**UNIVERSITY OF SOUTH ALABAMA  
LEAVE OF ABSENCE REQUEST FORM**

**This form must be completed in Adobe.**

Date Prepared \_\_\_\_\_

Contact Person \_\_\_\_\_

Telephone \_\_\_\_\_

**EMPLOYEE INFORMATION**

J# J \_\_\_\_\_ Name \_\_\_\_\_  
Last First Name Middle Initial

Department Title \_\_\_\_\_ Employee Title \_\_\_\_\_

**SELECT ONE:**  NEW LEAVE  CONTINUATION OF LEAVE

**INTERMITTENT FML?**  Yes  No

**REASON FOR LEAVE (Choose only one, FML= Family Medical Leave.)**

**\*FML - Self** (Must use all available sick leave. Vacation usage optional.)

**\*FML - Maternity** (Sick leave usage limited to six (6) weeks of available leave for normal delivery. Vacation usage optional.)

**FML - Adoption/Foster Care Placement** (May not use sick leave. Vacation usage optional.)

**\*FML - Family Member** (Sick leave usage up to 60 work days or 480 hours for eligible immediate family member. Sick leave usage is limited to six (6) weeks to care for spouse recuperating from the birth of a child. Vacation usage optional.)

Spouse  Dependent Child  Parent

\*Attach doctor's note to justify reason for leave

**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 copy of military orders.

**\*FML - Family member who is a military service member with a serious injury or illness.** (See policy above for sick leave usage for immediate family member. Vacation usage is optional.)

**Personal Leave** (paid or unpaid, as indicated below)

**Military Leave**

**Employee Signature** \_\_\_\_\_ **Date** \_\_\_\_\_  
 (If employee is available.)

**SICK LEAVE MUST BE USED IN ACCORDANCE WITH THE SICK LEAVE POLICY.**

**VACATION WITH PAY - Once applicable sick leave is used.**

**VACATION** - Use all available

**VACATION** - Use as follows:  
 Effective Date \_\_\_\_\_ End Date \_\_\_\_\_

**MILITARY LEAVE WITH PAY - Limited to 168 hours per calendar year.**

**MILITARY PAY** - Use all available

**MILITARY PAY** - Use as follows:  
 Effective Date \_\_\_\_\_ End Date \_\_\_\_\_

**WITHOUT PAY**  
 Effective Date \_\_\_\_\_ End Date \_\_\_\_\_

**APPROVALS**

\_\_\_\_\_  
 DIRECTOR/DEPARTMENT HEAD/SUPERVISOR DATE