



# PTO Leave of Absence Request Form

## Employee Information

HR Approved

Last Name	First Name	J#	Home Phone #
Mailing Address	City	State	Zip Code
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: \_\_\_\_/\_\_\_\_/\_\_\_\_

### Select Type of Leave

- FML Employee's Illness** (Must use 40 hours of PTO at the beginning of leave, followed by EEI, if applicable until exhausted, thereafter PTO is optional.)
- FML – Maternity** (Must use 40 hours of PTO at the beginning of leave, followed by up to five (5) weeks of EEI, if applicable, thereafter PTO is optional.)
- FML – Bonding with a newborn child/Adoption/Foster Care Placement** (Use of PTO is optional)
- FML – Family Member** (Use of PTO is mandatory) Check applicable box below:
  - 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** (Use of PTO is mandatory)
- FML- Family Member who is a military service member with a serious injury or illness.** (Use of PTO is mandatory)
- 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)

### Paid Time Off (PTO): (Once required PTO and EEI paid time have been used) Must select one.

- PTO: use all available
- PTO use as follows:
- Without pay
- Effective date: \_\_\_\_ End date: \_\_\_\_

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### Acknowledgement of request: Supervisors, with regards to the personal leave of absence your signature is your approval.

Department Supervisor: \_\_\_\_\_

Date: \_\_\_\_\_

Supervisor's phone number: \_\_\_\_\_

Supervisor's email: \_\_\_\_\_

This form must be filled out completely, including the supervisor's signature, and returned to the Human Resources Office by fax at 251-460-7483 or via email at [employeebenefits@southalabama.edu](mailto:employeebenefits@southalabama.edu).