|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Employee Name:** |  | | **Department:** | |  |
| **TXST ID #/Assignment #:** | |  | **Phone:** |  | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Code** | **Types of Leave** (see routing instructions on back) | **Dates for Leave** | **Total Hours** | **Code** |
| (V) | Vacation |  |  |  |
| (SC) | State Compensatory Time |  |  |  |
| (OT) | FLSA Overtime |  |  |  |
| (SS) | Sick for Self |  |  |  |
| (SF) | Sick for family**1** |  |  |  |
| (ST) | Sick leave for child education activity**1** |  |  |  |
| (ES) | Ex**t**ended Sick**4** |  |  |  |
| (E) | Emergency**4** |  |  |  |
| (F) | Funeral**3** |  |  |  |
| (J) | Jury Duty**2** |  |  |  |
| (SO) | Subpoena Order**2** |  |  |  |
| (P) | Parental**5** |  |  |  |
| (A) | Absence Without Pay**4** |  |  |  |
| (M) | Military Training or Duty**2** |  |  |  |
| (MF) | Military Emergency Federal Active Duty**2** |  |  |  |
| (MS) | Military State Active Duty**2** |  |  |  |
| (FF) | Firefighter/EMS Volunteer**2** |  |  |  |
| (RC) | Red Cross Service**2** |  |  |  |
| (FP) | Foster Parent**2** |  |  |  |
| (AD) | Assistance Dog Training**2** |  |  |  |
| (VT) | Voting |  |  |  |
| (T) | Team/Employee Award |  |  |  |
| (PA) | Performance Award |  |  |  |
| (D) | Donor Leave**6** |  |  |  |
| (W) | Wellness Program |  |  |  |
| (AR) | Amateur Radio Operator**2** |  |  |  |
| (CV) | CASA Volunteer**2** |  |  |  |
| (VA) | Veteran Health Care**2** |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| 1. Family member: |  | Live in Household | Yes  No |
|  | *Name/Relationship* |  | |

2. Attach court clerk certification, copy of verification, military or other orders as appropriate.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 3. The death of my |  | , |  | , | occurred on | Click or tap to enter a date. |
|  | *Relationship* | *Name* |  | *Date* |

4. Explain reason for leave or attach additional information as necessary:

|  |
| --- |
|  |

5. Date of birth or placement Click or tap to enter a date.

6. Attach physician verification of donor participation or copy of verification for donating blood.

|  |  |  |  |
| --- | --- | --- | --- |
| **I hereby certify that the above information is true and correct.** | | | |
| Employee Signature: |  | Date: |  |

|  |  |  |  |  |  |  |  |  |
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|  | | | |  |  |  | **Approved** | **Not Approved** |
| Supervisor: |  | | | | Date: |  |  |  |
| Department Head: | | |  | | Date: |  |  |  |
| Divisional VP: | |  | | | Date: |  |  |  |
| Human Resources: | | |  | | Date: |  |  |  |

Please read the instructions carefully for each type of leave to determine proper routing and required signatures. More detailed information is provided in [UPPS 04.04.30](http://policies.txstate.edu/university-policies/04-04-30.html), *University Leave Policy*.

All leaves must be approved by the employee's immediate supervisor. The following leaves require vice presidential approval: extended sick leave, funeral leave exceeding 5 days, emergency leave, and staff leave without pay exceeding 30 calendar days.

**Vacation, State Comp Time, FLSA Overtime, Team/Employee Award, Performance Award, Voting, and Wellness:**  Should be requested in advance and approved by the supervisor. Use of this form is optional at the supervisor’s discretion.

**Sick Leave for self, family member, or child’s education activity:**  Should be requested in advance (or immediately upon return to work in case of an emergency) and approved by the supervisor. A doctor’s excuse or employee's statement must be attached if 1) the absence is more than 3 continuous workdays, 2) the family member does not live in the employee's household, or 3) it is requested by the employee's supervisor as provided in the sick leave policy. Sick leave for a child’s educational activity is limited to 8 hours per fiscal year.

Sick leave with pay may be taken when sickness, injury, pregnancy, or confinement prevent the employee's performance of duty or when the employee is needed to care and assist a member of his/her immediate family who is sick; or for the purpose of obtaining medical or dental consultations or examinations as part of an employee's, or their immediate family's personal health maintenance program. For purposes relating to regular sick leave, immediate family is defined as those individuals who reside in the same household and are related by kinship, adoption, or marriage, as well as foster children certified by the Texas Department of Protective and Regulatory Services. Minor children of the employee, whether or not living in the same household, are also considered immediate family. An employee's use of sick leave for family members not residing in that employee's household is strictly limited to the time necessary to provide care and assistance to the employee’s *spouse*, *child*, *stepchild* or *parent* who needs such care and assistance as a direct result of a documented medical condition.

**Extended Sick Leave:**  Should be requested through Human Resources with physician certification. HR will verify eligibility and request a recommendation of approval/disapproval from the department head. If eligible, Human Resources will forward the request to the divisional vice president for a final decision.

**Emergency Leave:** Should be requested through supervisory channels to the department head who must recommend approval/disapproval, attach a statement of justification and forward to Human Resources for eligibility verification. If eligible, Human Resources will forward the forms to the divisional vice president for approval.

**Funeral:** Supervisors may grant up to 5 days –the general guideline is 3 days for in-state service, 5 days for out-of-state.Requests exceeding 5 days must be approved by the divisional vice president. Only applies to the following family members: the employee’s spouse, the employee’s or spouse’s parents, brothers, sisters, grandparents, grandchildren and children.

**Jury Duty:** Should be requested in advance and approved by the supervisor.

**Parental Leave:**Should be requested in advance via supervisory channels and approved by the department head. The department head must forward the request to Human Resources for eligibility verification and processing.

**FMLA:** Should be requested at least 30 days in advance or as soon as practicable in the case of an emergency (usually 2 business days). Use Request for Family and Medical Leave and Certification of Health Care Provider forms. Medical certification is required within 15 calendar days. Human Resources will verify eligibility and designate time off as FMLA qualifying.

**Absence without Pay:**

*Staff* **--** Requests up to 30 calendar days may be approved by the supervisor. Requests exceeding 30 calendar days must be approved by the divisional vice president. If absent more than 30 calendar days, a PCR is required instead of using time entry.

*Faculty* -- Must submit a written request through regular administrative channels.

**Military, Firefighter/EMS Volunteer, Red Cross Service, Foster Parent, Donor Leave, Subpoena Order, Assistance Dog Training, Amateur Radio Operator, CASA Volunteer and Veteran Health Care:** Requests should be submitted in advance in writing to the employee's supervisor. This form and supporting documentation is required.