



MEDICAL UNIVERSITY OF SOUTH CAROLINA

REQUEST FOR LEAVE

Last Name

First Name

M. I.

Type Leave Requested: check appropriate box(es). USE A SEPARATE FORM FOR EACH ABSENCE

Supplemental Leave, Annual Leave, Leave Without Pay, Sick Leave sections with various checkboxes and input fields.

AMOUNT OF ADMIN. LEAVE, AMOUNT OF ANNUAL LEAVE, AMOUNT OF LEAVE WITHOUT PAY, AMOUNT OF SICK LEAVE sections with requested dates and times.

*Requires supporting documentation

**May require administrative approval and/or medical certification

EMPLOYEE SIGNATURE: _____ DATE: _____ SUPERVISOR APPROVAL: _____ DATE: _____

(USE THIS SECTION FOR FAMILY MEDICAL LEAVE ACT (FMLA) APPROVALS ONLY)

I hereby certify that the above named employee meets the requirements for FMLA and that this leave is approved.

Department Head Signature: _____ DATE

HRM Approval _____ DATE

FOR DEPARTMENT USE ONLY: FOR PAYROLL & LEAVE RECORD KEEPING

DATE LEAVE RECORDED: _____ LEAVE TYPE: ANNUAL SICK ADMIN. INITIALS: _____