Application for Leave
William Carey University

Fill out the sections below through the employee signature line and turn the form in to your supervisor for approval.
Note: It is the responsibility of each employee to use earned leave time in accordance with college policy.
A medical certification form may be required when an employee is absent beyond 40 hours, or when family or medical leave is requested.

Employee Name: _____ ____/____/____
Last First Middle I. Date

SSN: _____ Dept: _____ Campus: _____

Dates of Leave

From	To	Leave Type*	Total Hours
/ /	/ /		
/ /	/ /		
/ /	/ /		
/ /	/ /		

***Leave types:**

Vacation
Personal/Sick Leave
Military Leave
Jury Duty
Compensatory Leave
Other (non-paid) Leave

Family and Medical Leave (non-paid)

Family and Medical Leave - For childbirth, placement of a child, serious illness of employee, child, spouse, or parent. Use the section below to report hours taken for Family and Medical Leave only. Medical Certification form may be required.

From	To	Leave Type*	Total Hours
/ /	/ /		
/ /	/ /		
/ /	/ /		

***Leave types:**

Childbirth, adoption, placement of a child
Family Illness (fill in section to right)

Person being treated _____

Relationship _____

_____ _____
Employee Signature **Date**

Approvals:

This application for leave is approved for the purpose and period of time indicated. The employee has been informed of this action.

Supervisor's Signature: Date: / /