

**STAFF LEAVE REQUEST/DOCUMENTATION FORM**

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| Name:       | Department:       |
| Gallaudet Employee ID#:       | Job Title:       |

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| --- | --- | --- | --- | --- |
| Type of leave: | From (Mo/Day/Yr):     Time:       | To (Mo/Day/Yr):     Time:       | Total Hours:      | FMLA\* [ ]  |

Purpose of Leave:

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

[ ]  Approved [ ] Disapproved \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:
 Supervisor Signature

**\*\*Sick leave (for family care) may only be approved for up to 56 hours in a calendar year\*\***

Leave should be requested and approved in advance whenever possible. If your leave is for an absence covered by the Family and Medical Leave Acts, please see below. If it is not possible for you to complete the leave slip in advance, your supervisor may complete the leave slip for you.

If you go on leave-without-pay (LWOP) status and intend to continue insurance coverage, you are responsible for your share of all payroll deducted insurance premiums. Arrangements for payment of premiums should be made with the Payroll Office.

**\*FAMILY AND MEDICAL LEAVE ACTS (FMLA)**

The D.C. and Federal Family and Medical Leave Acts (FMLA) provide employees with job-protected, unpaid leave for any of the reasons listed below. Appropriate paid leaves are substituted for unpaid leave.

* The birth of a child (but only during the first 12 months after birth).
* The adoption of a child or placement of a foster child (but only during the first 12 months after the adoption or placement).
* The care of a family member with a serious health condition.
* The employee’s serious health condition which makes him/her unable to perform the essential functions of the job.

If your leave is for one of these purposes, your supervisor will check the FMLA box on this form, and the leave will be counted against your FMLA entitlement. The Federal FMLA provides 12 weeks of leave during a 12-month period; the D.C. law allows 16 weeks over a two-year period. Accordingly, you may be able to take 16 weeks one year under the D.C. Act and 12 weeks the next year under the Federal Act (but not vice versa). You are not eligible for 28 weeks in a single year. A year is defined as a calendar year. As long as conditions are met (e.g. medical certification when requested), you will be eligible for the leave either provided by law or by University Policy, whichever is greater.

If medical certification for a serious health condition is required by your supervisor, it must be received no later than 15 calendar days following receipt of the request. Leave may be denied if certification is not received in a timely manner. Recertification may be required in 30-day intervals. Upon return from leave covered by FMLA, an employee is entitled to be restored to the position held at the time the leave commenced or to an equivalent position.

Supervisors, please return a signed copy to the employee for his/her records if requested.

Recorded on payroll worksheet by department timekeeper.

[ ]  Yes, pay period ending       Account number #: