

HAMPTON UNIVERSITY
HAMPTON, VIRGINIA 23668

APPLICATION FOR LEAVE

Date _____

Name _____

Department _____

Hampton University ID# _____

Account Number _____

First Date Absent _____ Time _____

Return Date _____ Time _____

Total Hours Absent _____

Reason for Absence:

Illness – Sick Leave

Family and Medical Leave Act (FMLA)

Vacation – Annual Leave

Leave without Pay

Other _____

Example: Official Travel

Signature of Applicant

Signature of Supervisor

OFFICE OF HUMAN RESOURCES USE ONLY

Approved

Disapproved _____

Date

Comments:

INSTRUCTIONS

This form must be submitted to the office of Human Resources in triplicate and in advance, if possible. Departmental and employee copies will be returned to the department after proper action has been taken.

ANNUAL LEAVE: An employee accumulates annual leave in any month in which he or she is paid for 11 days. An employee will not accumulate annual leave during times of leave of absence without pay. Annual leave must be scheduled and approved in advance by the employee's supervisor. Hampton University may establish time periods during which leave may or may not be taken and/or time periods during which annual leave requests should be submitted. Annual leave should not be taken the week prior to the opening of Hampton University for the first semester/quarter following the summer. An employee who takes annual leave for any part of a day will be charged leave for the entire day.

SICK LEAVE: This leave permits employees to be absent from work on an authorized short-term basis. Applications must be filled in advance, if possible, or within 2 days after return to duty. Absences for more than 2 days must be supported by a medical certificate to be attached to the leave form when submitted. Failure to submit a doctor's certificate will result in the time being charged against annual leave, if available, or leave without pay. An employee can only use sick leave for his or her own illness.

FAMILY AND MEDICAL LEAVE ACT: An employee who has been employed for at least twelve (12) months (which need not be consecutive) and who worked 1250 hours during the preceding 12-month period can be granted up to 12 weeks of unpaid leave and/or leave with pay if annual and/or sick leave are available. Unpaid leave may be granted to care for the employee's spouse, son, daughter, parent, who has a serious health condition; or for a serious health condition that makes the employee unable to perform his or her job. Medical certificates to support a request for leave because of a serious health condition may be required. Second or third options may be required at Hampton University's expense. As a condition of restoration to duty of an employee who has taken FMLA leave due to his/her own serious health condition, a medical certification form from the employee's physician will be required to show that the employee is able to resume work (is fit for duty). The employee is expected to provide 30 days' advance notice when the leave is foreseeable. If the leave is not foreseeable and/or 30 days' notice is not possible, the notice must be provided as soon as practicable.

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