

THE UNIVERSITY OF TEXAS MEDICAL BRANCH AT GALVESTON LEAVE REQUEST FORM

Employee: _____ Date of Request: _____

Person Number: _____

- | | | |
|-----------------------------------|-------------------------------------|--------------------------------|
| _____ Administrative Leave | _____ Assistance Dog Training Leave | _____ Compensatory Time |
| _____ Court Appearance | _____ Disaster Leave | _____ Holiday Leave |
| _____ Foster Parent Leave | _____ Funeral Leave | _____ Military Training |
| _____ Medical Leave | _____ Military Leave of Absence | _____ Parents Conference Leave |
| _____ No Cost to UTMB Travel | _____ Out of Office | _____ Vacation |
| _____ Personal Holiday Leave | _____ Personal Leave of Absence | _____ Other _____ |
| _____ Parental Leave | _____ Sick Leave | |
| _____ Volunteer Firefighter Leave | _____ WCI Injury Leave | |

Permission is requested to be absent for:

_____ Day(s) on the following Date(s): _____
and / or
_____ Hour(s) on the following Date(s): _____ from: _____ to _____
(times)

Remarks: _____

If this is an extended leave of absence, please give the address and telephone number where you can be reached.

Address: _____ Phone: _____

_____ Employee Signature	_____ Date	_____ Supervisor Signature	_____ Date
_____ Scheduled	_____ Unscheduled	_____ *FMLA	_____ Approved _____ Disapproved

***Do not indicate scheduled or unscheduled for FMLA**

Supervisor, if Disapproved or Unscheduled, please give reason: _____

Signature HR Family and Medical leave Administrator/Designee (FMLA Only): _____ Date: _____

- COMPLETE SECTION BELOW FOR FAMILY AND MEDICAL LEAVE ONLY -

- Family and Medical Leave (for):
- | | |
|--|--|
| 1. <input type="checkbox"/> Birth of a Child | 3. <input type="checkbox"/> Serious Health Condition of Dependent* |
| 2. <input type="checkbox"/> Adoption / Foster Care | 4. <input type="checkbox"/> Serious Health Condition of Employee* |
5. Have you been employed by the State of Texas for 12 months? Yes _____ No _____
6. Have you worked 1,250 hours for the State of Texas in the past 12 months? Yes _____ No _____
7. Have you taken Family and Medical Leave in the past 12 months? Yes _____ No _____
- If yes, date: _____ # of weeks taken: _____
8. If you checked 1 or 2 above, please provide the following:
- a. Spouse's Name: _____ Social Security #: _____
- b. Does Spouse work for a Texas State Agency? Yes _____ No _____
- If yes, what is the name of the Agency? _____

FLMA is paid / unpaid leave based on applicable accrued leave utilized in conjunction with FMLA.

***Note: Attending Physician and Medical Certification Statement must accompany items 3 or 4 above (form may be obtained from department Supervisor).**

Administrative Leave—Leave granted in accordance to an University approved incentive program up to a maximum of 32 hours per fiscal year.

Assistance Dog Leave--Employees with a disability are entitled to leave with pay for the purpose of attending a training program to acquaint the employee with an assistance dog to be used by the employee for the employee's disabling medical condition. Leave may not exceed ten (10) working days in a fiscal year.

Compensatory Time--Compensatory Time may be authorized for classified exempt employees required to work in excess of the regularly scheduled hours in a work week or work cycle. Non-exempt employees are not eligible to receive Compensatory Time.

Court Appearance--Court Appearances for jury and witness duty will be authorized in accordance with UTMB policy. Evidence of actual time spent for court appearance is required.

Disaster Leave—Used for weather emergencies and other disasters. Must be approved by the Vice President of Business Administration.

Foster Parent Leave—Employees who are foster parents to a child under the conservatorship of the Department of Protective and Regulatory Services (DPRS) are entitled to leave with pay for the purpose of attending meetings held by DPRS regarding the child or an admission, review, and dismissal held by the school district regarding the child.

Funeral Leave—Funeral Leave, not to exceed three (3) days, will be granted in accordance with UTMB policy. Verification of death and relationship may be required.

Holiday—Holiday time will be granted to employees whose duties require that they work an authorized UTMB Holiday.

Medical Leave—An employee who has exhausted all leave accruals may be granted leave without pay for medical reasons with appropriate documentation.

Military Leave of Absence—An employee who has enlisted or is called to active duty in the U.S. Armed Forces or Reserves will be granted military leave in accordance with UTMB policy. A copy of military orders should be attached to this leave request.

Military Training—Payment for military training, not to exceed 15 days per year, will be authorized in accordance with UTMB policy. A copy of military orders should be attached.

Out of Office—For non-classified employees' conferences or travel time. For Administrative & Professional, Faculty, and Non-teaching employees.

Parents Conference Leave— Employees may use up to eight (8) hours of sick leave each calendar year to attend parent-teacher conference sessions for the employee's children who are in pre-kindergarten through 12th grade.

Parental Leave—Parental leave will be granted in accordance to UTMB policy.

Personal Holiday—Personal Holiday time will be granted in accordance with UTMB policy.

Personal Leave of Absence—Leave without pay for personal business will be granted after all eligible accruals have been exhausted and if such leave is considered in the best interest of UTMB.

Sick Leave—Sick Leave will be approved for bona fide personal illness, or illness in the employee's immediate family, in accordance with UTMB policy. For illness extending beyond 3 days, a doctor's release may be required.

Vacation Leave—Vacation Leave will be granted in accordance with UTMB policy.

Volunteer Firefighter Leave—Employees may be granted up to five (5) paid working days of leave per fiscal year for volunteer firefighter service in connection with his/her regular work schedule to attend training schools conducted by state agencies. Employee will bring verification of class attendance upon return to work.

WCI Injury—Leave will be granted for industrial injuries in accordance with UTMB.

Updated 6/19/2002