

LEAVE OF ABSENCE APPLICATION

This form shall be used when applying for a formal leave of absence described in Section II.

SECTION I.	
Check One <input type="checkbox"/> Unpaid Leave of Absence <input type="checkbox"/> Extended Use of Leave Credit	
Member Indicate if this is: <input type="checkbox"/> An Initial Leave Application <input type="checkbox"/> A Leave Extension	
Member's Name	TKU
Classification Title and Level	Bargaining Unit

SECTION II.		
Check One <input type="checkbox"/> Medical (Personal) ** <input type="checkbox"/> Parental ** (indicate date of birth or placement of child _____)		
<input type="checkbox"/> Family Care ** <input type="checkbox"/> Military (check one) <input type="checkbox"/> with pay/attach copy of military orders		
<input type="checkbox"/> without pay/attach copy of military orders		
<p>**If requesting a medical or family care leave, you will be required to submit a completed 'Certification of Physician or Practitioner Form', with this application. A copy may be obtained from the Personnel Office. Documents verifying birth or placement of child with the employee may be required.</p>		
<input type="checkbox"/> Waived Rights - Explain Reason _____ " I understand that this leave is granted for the sole purpose of protecting my continuous service record. I waive all rights to employment at the expiration of the leave."		
_____		_____
Members Signature		Date
<input type="checkbox"/> Other - Explain Reason _____		
Last Day at Work	Last Day on Payroll	Ending Date of Leave

SECTION III.
Intermittent Leave or Reduced Work Schedule: If requesting intermittent leave or reduced work schedule, please describe. (if requested in conjunction with medical or family care leave, certification by physician or practitioner of need for such a schedule will be required. If requested in conjunction with parental leave, justification for the request is required.)

SECTION IV.
Leave Credits: During my leave of absence, I wish to freeze all my leave credits effective pay period ending _____
Note: Members may freeze annual leave in accordance with applicable collective bargaining agreements, Department of Civil Service Procedures, and department policy. To be paid correctly, you should let your supervisor/timekeeper know that you are freezing leave credits.

SECTION V.	
Acknowledgement: 'I understand that this leave may count toward my leave entitlement under the federal Family and Medical Leave Act.'	
Member's Signature	Date

SECTION VI. To be completed by Supervisor/Appointing Authority:	
Check One <input type="checkbox"/> Leave Granted <input type="checkbox"/> Leave Denied	
Supervisor's Signature (where applicable)	Date
Appointing Authority (where applicable)	Date
Supervisor's/Appointing Authority's Comments:	