

# Leave or Clocking Exception Request

NAME: \_\_\_\_\_

DATE PREPARED: \_\_\_\_\_

DEPARTMENT: Physical Medicine & Rehabilitation

TITLE: \_\_\_\_\_

<b>START TIME</b> →		Day of Week _____	Month/Day/Year: _____
<b>END TIME</b> →		Day of Week _____	Month/Day/Year: _____

## I. REQUEST FOR LEAVE OR CLOCKING EXCEPTION

REASONS FOR LEAVE	HOURS REQUESTED BY EMPLOYEE	HOURS APPROVED BY SUPERVISOR
■ VACATION		
■ SICK		
■ COMP		
■ EDUCATIONAL (ATTACH BROCHURE)		
■ MILITARY (ATTACH ORDERS)		
■ COURT/JURY DUTY (ATTACH NOTICE)		
■ BIRTHDAY		
■ HOLIDAY		
■		
■		

REASONS FOR EXCEPTION	HOURS REQUESTED BY EMPLOYEE	HOURS APPROVED BY SUPERVISOR
■ FAILED TO CLOCK IN/OUT		
■ WORKED THRU LUNCH		
■ CALL PAY		
■ CALL BACK W/TRAVEL		
■ MEETING		
■		
■		

REMARKS: Enter remarks here.

## II. REQUEST FOR FAMILY/MEDICAL LEAVE

I am requesting Family/Medical Leave due to:

- ☐ the birth of my child or placement of a child with me for adoption or foster care (must take a block of time).  
☐ a serious health condition that makes me unable to perform my job functions (may be taken intermittently).  
☐ a serious health condition affecting my: ☐ spouse ☐ child ☐ parent, for whom I am needed to provide care (may be taken intermittently).  
☐ other (explain) Enter explanation for other here.

**IMPORTANT: I HAVE READ AND UNDERSTAND THE INFORMATION ON THE BACK OF THIS FORM** →

EMPLOYEE'S SIGNATURE

DATE

## RESPONSE TO REQUEST (COMPLETED BY SUPERVISOR / TIMEKEEPER)

- ☐ **YOUR LEAVE REQUEST IS GRANTED**  
☐ **THIS IS AN UNAPPROVED ABSENCE**  
☐ **YOUR REQUEST FOR LEAVE:**
  - ☐ will be considered as FMLA and will be counted toward your 12 weeks (480 hours) entitlement.
    - ☐ pending medical certification which you must provide by \_\_\_\_\_ (within 15 calendar days).
  - ☐ will NOT be considered as FMLA for the following reasons:
    - ☐ not eligible due to Enter explanation here.
    - ☐ reason/s given is/are not a qualifying event.
    - ☐ other (explain) Enter explanation for other here.

SUPERVISOR'S SIGNATURE

DATE

APPROVAL IS SUBJECT TO AVAILABILITY OF HOURS

## UAMS FAMILY AND MEDICAL LEAVE ACT

*The Family and Medical Leave Act of 1993 (FMLA) is a federal law that took effect August 5, 1993, and is intended to promote a healthy balance between work and family responsibilities. (See UAMS Administrative Guide 4.6.11)*

- Eligible employees will have:
  - a.) worked for UAMS for a minimum of one (1) year; and
  - b.) worked a minimum of 1,250 hours during the previous 12 months.
- Eligible employees are entitled under FMLA for up to 12 weeks (480 hours) of unpaid leave in any 12-month period for the following qualifying reasons:
  - The birth of a child or the placement of a child with you for adoption or foster care (must be taken in a block of time).
  - A serious health condition that makes you unable to perform your essential job functions (may be taken intermittently).
  - A serious health condition affecting your spouse, child, or parent, for whom you are needed to provide care (may be taken intermittently).
  - Illness injury or financial exigency related to military service.

**Any time off, paid or unpaid, will be considered FMLA when meeting the conditions listed above.  
FMLA will run concurrently with any paid leave used.**

- Your obligations to UAMS regarding Family and Medical Leave:
  - To request FMLA thirty (30) days in advance when/where applicable.
  - To pay your regular portion of health insurance to the Office of Human Resources within 30 days of billing.
    - If payments are not made in a timely manner, your group health insurance may be canceled after sufficient notification to you.
    - If you do not return to work following FMLA, you may be required to reimburse UAMS for its share of health insurance premiums paid on your behalf during FMLA leave.
  - To provide medical certification within 15 calendar days
  - To furnish your supervisor with at least two (2) weeks notice of your intent to return to work.
- UAMS obligations to you while on Family and Medical Leave:
  - To pay the employer's portion of your health insurance benefits.
  - To reinstate you to the same or equivalent job with the same pay, benefits, and terms and conditions of employment upon your return from leave.
  - To bill you for your portion of your health insurance premiums.

## UAMS LEAVE POLICIES

### ■ SICK LEAVE (See UAMS Administrative Guide 4.6.03)

Employees absence due to illness or disability, except in maternity\* cases, shall be charged for leave according to the following order:

1. Earned Sick Leave
2. Earned Annual/Vacation Leave (at the discretion of the dept. head - see UAMS Administrative Guide 4.6.04)
3. Earned Comp and Holiday Time
4. Catastrophic Leave, if applicable
5. Leave Without Pay

\*When leave is taken for maternity reasons, you may elect to take leave of absence without pay without exhausting accrued annual leave and sick leave.

### ■ ANNUAL (VACATION) LEAVE (See UAMS Administrative Guide 4.6.04)

Employees may request the use of accrued annual/vacation leave at any time.

- Department directors and other appropriate department heads shall grant requests for annual leave when it will least interfere with efficient operation of the department.
- Department directors/heads may, at their discretion, deny the use of annual leave to absent employees who have exhausted all sick leave if abuse of sick leave is suspected.

### ■ LEAVE OF ABSENCE WITHOUT PAY (MEDICAL) (See UAMS Administrative Guide 4.6.08)

Employees requesting extended personal leave for reasons other than maternity and/or FMLA reasons must obtain approval from the University of Arkansas President.

- You must exhaust all accumulated annual leave, except for maternity purposes, before leave without pay will be granted.
- While on leave without pay, you can not accumulate annual or sick leave or receive pay for legal holidays.
- You must pay 100% of group insurance premium after advance arrangements are made with Office of Human Resources.