

Seward County Community College

LEAVE REQUEST

IMPORTANT: If this Leave Request is not complete, it may be returned to the employee for completion.

SECTION 1 - To Be Completed By Employee

Employee: _____

(please print) First

Middle

Last

Date(s) of Leave Requested: _____ **Total Hours of Leave Requested:** _____

Type of Leave Requested (*Annual, Sick & Personal Leave must be taken in ¼ hr [.25] increments*)

check all that apply and include hours requested for each leave type

- | | |
|--|--|
| <input type="checkbox"/> _____ Hrs Annual Leave (Vacation) | <input type="checkbox"/> _____ Hrs Sick Leave* (Dr.'s Release may be required) |
| <input type="checkbox"/> _____ Hrs Personal Leave (9, 10 or 11 month employees only) | <input type="checkbox"/> _____ Hrs Comp Leave |
| <input type="checkbox"/> _____ Hrs Leave Without Pay** | <input type="checkbox"/> _____ Hrs Non-Work Days (must be ½ or whole days) |
| <input type="checkbox"/> _____ Hrs Jury/Court Duty (copy of order/subpoena required) | <input type="checkbox"/> _____ Hrs Other (must specify): _____ |

**Sick leave, if available, must be used for any sick &/or medical absences for the employee, spouse, brother, sister, children, parents, parents-in-law, grandparents, grandchildren or person making their home permanently in the household of the employee.*

***Leave Without Pay should only be taken if no other leave is available or applicable.*

Description of leave necessary for sick &/or medical absences of any reason, including who (spouse, child, etc) the leave is for:

Employee's Signature

Date

SECTION 2 - To Be Completed By Immediate Supervisor

Attention Supervisors: *If leave is disapproved, please note reason and send the leave request back to the employee. Or, if leave is conditional, please note the conditions below and notify the employee of such.*

Supervisor's Signature

Date

Approved Disapproved

Comments &/or Conditions: _____

SECTION 3 - To be completed by Human Resources, if applicable

The change in Section 1 was made for the following reason(s):

- Sick Leave, if available, must be used for this leave.
- Paid leave (Annual, Sick & Personal Leave), if available, must be used prior to taking Leave Without Pay.
- Annual, Sick & Personal Leave must be taken in ¼ hr [.25] increments.
- Employee worked _____ hrs during the work week/day; therefore doesn't need the amt of leave originally listed above.
- No Sick/Annual/Comp leave available at the time this leave was taken.
- Used what Sick/Annual/Comp leave was available at the time this leave was taken.
- See attached for explanation of changes made above.
- Spoke to _____ on _____ regarding the changes made above.
- _____

This leave is subject to the Family Medical Leave Act (see below) - **for more information see Board Policy 620**

NOTICE: Medical absences of extended duration might fall under the Family Medical Leave Act (FMLA). FMLA leave is granted for:

- * a serious health condition that makes the employee unable to work
- * to care for the employee's spouse, child or parent who has a serious health condition
- * to care for the employee's child after birth, placement for adoption or foster care
- * leave related to family member's military duty

For more information regarding FMLA, please contact the Director of Human Resources.

LEAVE REQUEST PROCESS

Employee Making the Request:

1. go to www.sccc.edu
2. click Faculty & Staff
3. click Human Resources
4. click Forms
5. click Leave folder
6. click Leave Request (fill-in form)
7. click the Clear Form button in the top right-hand corner of the form to ensure form is reset
8. complete **ALL** of SECTION 1 on the Leave Request form (if it is not filled out completely, you may receive the request back, which will slow down the approval process)
9. click the Print Form button in the top right-hand corner of the form and print the form
10. sign and date the form
11. forward the Leave Request to your Immediate Supervisor

Immediate Supervisor:

1. view the leave the employee is requesting
 2. complete the Immediate Supervisor part of SECTION 2 (if approval is conditional, note such in the "Comments &/or Conditions" section provided AND notify the employee of the conditions)
 3. **if approved**, forward the Leave Request to the Human Resources office
- OR**
4. **if disapproved**, note reason in the "Comments &/or Conditions" section provided
 5. return the Leave Request to the employee