



Department of Human Resources
 115 Medical Sciences Building
 3640 Colonel Glenn Hwy.
 Dayton, OH 45435
 (937) 775-2120
 FAX (937) 775-3040

Teamsters Bargaining Unit Leave Request Form

Wright Way policy provides that this form be completed for all leave requests. For all leaves that are foreseeable in nature (i.e. doctor appointment, scheduled surgery, maternity, vacation, compensatory time, etc.), this form must be completed and submitted in advance. For leave requests that are not foreseeable (i.e. sudden illness, emergency vacation or emergency compensatory), this form must be submitted on the day of return from leave. Complete this electronic form for all leave requests. Print and sign the form, and provide it to the person who approves your leave. Keep a signed copy for your records.

Complete, print, sign and submit this form to your supervisor for approval.

UID: <input style="width: 100%;" type="text"/>	Employee Name: <input style="width: 100%;" type="text"/>	College/Dept: <input style="width: 100%;" type="text"/>
--	--	---

I hereby apply for hours of:

Check All That Apply

<input type="checkbox"/> Sick Leave (Provide reason below)
Sick Leave Reason: <input style="width: 100%;" type="text"/>
<input type="checkbox"/> Vacation - Must be pre-approved
<input type="checkbox"/> Parental Leave - If you have no approved FMLA claim on file, contact Human Resources immediately.
<input type="checkbox"/> Compensatory Time - Must be pre-approved
<input type="checkbox"/> Unpaid Leave (<i>Must be pre-approved - for this leave type, this form with supporting documentation and necessary signatures must be forwarded through the department administrator to Human Resources for final approval</i>)

<input type="checkbox"/> FMLA (1. Check the appropriate paid leave category [sick, vacation or parental] or check Unpaid Leave if the FMLA leave will be unpaid. 2. If you have no approved FMLA claim on file, contact Human Resources immediately. 3. This form with necessary signatures and supporting documentation must be forwarded to Human Resources for final approval) Claim #: _____
<input type="checkbox"/> Other Leave Type (i.e., Military Leave, Personal Leave, Administrative Leave, etc. --for these leave types, this form with supporting documentation and necessary signatures must be forwarded to Human Resources for final approval)
Other Leave Type and Reason: <input style="width: 100%;" type="text"/>

Leave Begin date: Leave Begin time (if applicable):

Leave End date: Leave End time (if applicable): My physician expects my return to work date to be:

I understand that it is my responsibility to monitor my leave balances, and verify that any paid time requested above has been accrued and is available for my use.

Yes, I wish to be contacted for an additional assignment.
 List exact dates if off work for multiple days: _____

Employee Signature

Date

Approver Signature

Date