



MEDICAL UNIVERSITY OF SOUTH CAROLINA

REQUEST FOR LEAVE

Last Name

First Name

M. I.

Type Leave Requested: check appropriate box(es). USE A SEPARATE FORM FOR EACH ABSENCE

Main form grid with columns for Supplemental Leave, Annual Leave, Leave Without Pay, and Sick Leave, including sub-sections for amount and dates requested.

*Requires supporting documentation

**May require administrative approval and/or medical certification

EMPLOYEE SIGNATURE: _____ DATE: _____ SUPERVISOR APPROVAL: _____ DATE: _____

(USE THIS SECTION FOR FAMILY MEDICAL LEAVE ACT (FMLA) APPROVALS ONLY)

I hereby certify that the above named employee meets the requirements for FMLA and that this leave is approved.

Department Head Signature: _____ DATE

HRM Approval _____ DATE

FOR DEPARTMENT USE ONLY: FOR PAYROLL & LEAVE RECORD KEEPING

DATE LEAVE RECORDED: _____ LEAVE TYPE: ANNUAL SICK ADMIN. INITIALS: _____