

Request for Leave

College of Agricultural Sciences

Date: _____

Name: _____

Department: _____

Leave: Date: _____ Time: _____

Return: Date: _____ Time: _____

Total number of hours: _____

Phone number in case of emergency: _____

- | | | |
|---------------------------------------|--|---|
| <input type="checkbox"/> Annual Leave | <input type="checkbox"/> Sick Leave | <input type="checkbox"/> Administrative Leave |
| <input type="checkbox"/> Consulting | <input type="checkbox"/> Funeral Leave | <input type="checkbox"/> Workers Comp Leave |
| <input type="checkbox"/> Comp Time | <input type="checkbox"/> University Business | <input type="checkbox"/> 9-month Appointed Faculty
Leave from Campus |

Other (please explain) _____

With pay

Without pay

<http://www.provost.colostate.edu/print/REQUEST%20FOR%20LEAVE.doc>

Comments:

Employee: _____ Date: _____

Approved By: _____ Date: _____

Family and Medical Leave Act (FMLA)

The Family and Medical Leave Act of 1993 entitles all eligible employees to 12 work-weeks of leave during a 12-month period for: (1) the birth and first-year care of your child or the placement of a child with you for adoption or foster care; (2) your serious health condition; (3) a serious health condition of your spouse, child, or parent. The full FML policy for all University employees except state classified can be found in Appendix 3 of the Academic Faculty and Administrative Professional Manual.
<http://www.facultycouncil.colostate.edu/files/manual/appendic.htm#Appendix%203>

Contact the Benefits Section of the Human Resources Services Department whenever an employee may be eligible for FML for current procedures and forms.

NOTE: State classified employees are covered by the State of Colorado FMLA policy. Refer to Section 3, State Classified Personnel, for the specific provisions of that policy.

<http://www.hrs.colostate.edu/manual/Section%2003%20-%20State%20Classified.pdf>