

Seward County Community College ♦ Area Technical School

LEAVE REQUEST

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

Revised: 11/9/11

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 | <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 & Administrative Supervisors

Attention Supervisors: If leave is disapproved, please note reason and send the leave request back to the employee.

Immediate Supervisor

_____ Approved Disapproved
Immediate Supervisor's Signature _____ Date _____

Comments &/or Conditions: _____

Administrative Supervisor

_____ Approved Disapproved
Administrative Supervisor's Signature _____ Date _____

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.
- _____

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 Resource"
4. click "Forms"
5. click "Leave Request (fill-in form)"
6. click the "Clear Form" button in the top right-hand corner of the form to ensure form is reset
7. **to fill out the form on the computer**, 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)
8. left click the "Print Form" button in the top right-hand corner of the form and print the form
9. sign and date the form
10. forward the Leave Request to your Immediate Supervisor

OR

11. **to print form and then complete it by hand**, click the "Print Form" button in the top right-hand corner of the form and print the form
12. 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)
13. 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 Administrative Supervisor

OR

4. **if disapproved**, note reason in the "Comments &/or Conditions" section provided
5. return the Leave Request to the employee

Administrative Supervisor:

1. view the leave the employee is requesting & any comments/conditions the Immediate Supervisor may have noted
2. complete the Administrative Supervisor part of SECTION 2 (*if approval is conditional, note such in the "Comments &/or Conditions" section provided AND notify the Immediate Supervisor and employee of the conditions*)
3. **if approved**, forward the Leave Request form to the HR office

OR

4. **if disapproved**, note reason in the "Comments &/or Conditions" section provided
5. return the Leave Request to the employee

If Approved:

The leave request will be processed in the Human Resources office and one (1) copy will be sent to the employee's Immediate Supervisor, who will then disperse the processed leave request to the employee.