



IFAS

West Florida Research and Education Center

APPLICATION FOR LEAVE

PLEASE SELECT THE APPROPRIATE BOX

- ACADEMIC PERSONNEL
- TEAMS
- USPS
- OPS*

*WITHOUT PAY ONLY. REQUIRED ONLY FOR FMLA EVENTS. DEPTS MAY USE FOR OTHER PURPOSES.

TODAY'S DATE: **05/22/2222**

EMPLOYEE'S UFID: **0000-0000**

EMPLOYEE'S NAME: **FIRST NAME/ LAST NAME**

BEGIN DATE OF LEAVE: **00/00/2222**

BEGIN TIME OF LEAVE: **00:00 AM/PM**

END DATE OF LEAVE: **00/00/2222**

END TIME OF LEAVE: **00:00 AM/PM**

TOTAL HOURS OF LEAVE TAKEN: **000** HRS

TOTAL HOURS REMAINING IN BALANCE: **000** HRS

FMLA -QUALIFYING EVENT? YES NO

ENTITLEMENT YEAR START DATE: **00/00/2222**

PLEASE CIRCLE THE TYPE OF LEAVE YOU ARE REQUESTING:

INDICATE TYPE OF LEAVE REQUESTED. MORE THAN ONE TYPE OF LEAVE MAY BE ENTERED ON THE APPLICATION IF USED DURING THE SAME PERIOD OF ABSENCE (E.G., 6 HOURS OF VACATION AND 2 HOURS OF SICK LEAVE).

- VACATION
- SICK (EMPLOYEE)
- SICK (FAMILY)
- WORKPLACE INJURY LEAVE (FIRST 40 HOURS OF WORK-RELATED INJURY)
- SPECIAL COMPENSATORY LEAVE
(EXEMPT AND NON-EXEMPT USPS AND NON-EXEMPT TEAMS. EMPLOYEES RECEIVING WORKERS' COMP SALARY PAYMENTS NOT ELIGIBLE)
- OVERTIME COMPENSATORY LEAVE
(NON-EXEMPT USPS AND TEAMS ONLY. CANNOT BE COUNTED TOWARD FMLA ENTITLEMENTS.)
- PERSONAL HOLIDAY (PERMANENT USPS)
- TYPE OF FMLA EVENT (IF APPLICABLE)
- PARENTAL LEAVE
- MEDICAL LEAVE
- MILITARY, LONG-TERM
- WORKER'S COMPENSATION

- JURY DUTY/COURT WITNESS
- ELECTIONS
- MILITARY TRAINING, SHORT-TERM
- NATIONAL GUARD
- MILITARY EXAMS
- NATURAL DISASTER
- CIVIL DISORDER
- ATHLETIC COMPETITION
- FORMAL INVESTIGATION
- DISABLED VETERAN TREATMENT
- DEATH IN IMMEDIATE FAMILY
(USPS AND TEAMS ONLY)
- EXTRAORDINARY CIRCUMSTANCES
(MUST BE AUTHORIZED BY DIV. HUM. RESOURCES)
- FLORIDA DISASTER VOLUNTEER

I CERTIFY THAT MY ABSENCE IS FOR THE REASON STATED ABOVE AND I UNDERSTAND THAT MY ABSENCE WILL COUNT TOWARD MY 12 WORKWEEKS OF FMLA ENTITLEMENT IF ABSENCE IS FOR A QUALIFYING EVENT. (SEE NOTICE FOR MORE INFORMATION.)

DECEMBER VACATION LEAVE CASH-OUT (TEAMS ONLY)

HOURS CASHED OUT
(MAXIMUM OF 16 HOURS; MUST HAVE 40 HOURS OR MORE REMAINING.)

EMPLOYEE SIGNATURE:

SUPERVISOR SIGNATURE:

