# Request for Leave or Approved Absence

<table>
<thead>
<tr>
<th>Name</th>
<th>Southeast ID #</th>
<th>Current Home/Cell Number</th>
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## Type of Leave
(check appropriate box(es) below)

- [ ] Verified Sick Leave
- [ ] Furlough/Leave without Pay (LWOP)
  Requires signature of VP/Provost for approval
- [ ] Short Term Disability Leave
  Eligible after 6 month probationary period, requires 30 calendar day elimination period. Employees must use any paid leave to cover the elimination period.

If short term disability is requested, indicate which type of leave and the number of hours you will use to cover the 30 day elimination period:

- [ ] Verified Sick Leave ________ hrs
- [ ] Paid Time Off/Vacation ________ hrs
- [ ] Unverified Sick Leave ________ hrs

## Family and Medical Leave
Employee is eligible if employed for one year with 1250 hours worked and will run concurrent with paid leaves.

- [ ] I hereby invoke my entitlement to Family and Medical Leave for:
  - [ ] Birth/Adoption/Foster Care
  - [ ] Serious health condition of spouse, son, daughter or parent
  - [ ] Serious health condition of self
  - [ ] Military Caregiver Leave/Qualifying Exigency Leave

## Remarks:

I hereby request leave from duty as indicated above and certify that such leave/absence is requested for the purpose(s) indicated. I understand that I must comply with Southeast Missouri State University’s procedures for requesting leave/approved absence (and provide additional documentation, including medical certification) and that falsification on this form may result in disciplinary action or termination. I also understand that any payroll deductions currently active will continue during my leave/absence. I understand that a doctor’s release is required to return to work. **Human Resources must receive this form signed by your supervisor prior to your leave for a scheduled absence (ex: pregnancy or scheduled surgery) or within 3 working days for an unscheduled absence.**

<table>
<thead>
<tr>
<th>Employee Signature</th>
<th>Date</th>
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<tbody>
<tr>
<td>Supervisor Signature</td>
<td>Date</td>
</tr>
<tr>
<td>VP/Provost Signature and Date (if Furlough or Leave Without Pay is requested)</td>
<td>Date</td>
</tr>
</tbody>
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## For Human Resource Use only

- [ ] Approved (for time period above)  
  - [ ] Disapproved (if not approved provide reason)

### Reason for Disapproval

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<tr>
<th>HR Representative Signature</th>
<th>Date</th>
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Return form to: Human Resources, Mail Stop 3150, Attn. Bonnie