

APPLICATION FOR LEAVE
Professional/Administrative Staff
- or - Academic Chairpersons

EPC use only.

Professional/Administrative staff and Academic Chairpersons requesting leave should complete this form, have it approved by their supervisor, retain a copy and forward the signed original to the Employee Processing Center/Human Resources. To help ensure well-timed data entry of approved leave, forms should be received in the EPC in a timely manner to coincide with the semi-monthly pay schedule. Leave balances may be accessed via the MyYSU Portal – choose Banner Self-Service from the Home tab and then click the Employee tab.

Last Name: _____ First: _____ Middle: _____

Banner ID No. (or SSN): _____ Check One: Full-time Part-time

Department: _____ Phone: _____

List Leave Dates/Times: _____	Total Leave (in hours): _____
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ACTION REQUESTED: VACATION SICK LEAVE PERSONAL LEAVE
 CANCELLATION CHANGE

Comments: _____

If you are requesting sick leave, please complete this section. (For definition of "immediate" family, refer to instruction sheet.)

- Appointment (i.e., medical/dental/optical exam/treatment): _____
- Personal illness. (Nature of illness): _____
- Personal injury. (Nature of injury): _____
- Illness in immediate family. Relationship: _____
- Death in immediate family. Relationship: _____ Date of death: _____
- FMLA: _____
- Other: _____

I swear or affirm that the above statements are true. I am aware that any false statements made by me may result in my dismissal.

Signature of Employee (Required) *Date*

VERIFICATION BY DOCTOR (This section to be filled out as directed in instruction sheet.)

I hereby certify that I am a duly qualified practitioner of medicine and that the use of sick leave described above is justified, in my opinion, and that the person involved was under my professional care.

Signature of Physician *Date*

Name & Address of Physician (Please print)

ADMINISTRATIVE ACTION: APPROVED NOT APPROVED

Name of Supervisor (Please print): _____

Department of Supervisor: _____

Comments: _____

Signature of Supervisor (Required) *Date*