



Request and Authorization for Leave

Name:	SID#:
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Department:	Work Phone:
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I understand that leave must be requested and approved in advance, where foreseeable. I understand that I must provide sufficient information so the proper type of leave can be determined. I understand that I am responsible for keeping my supervisor informed of any change in this request.

DATE FROM	DATE TO	FML	TOTAL HOURS	LEAVE TYPE
				Annual Leave
				Sick or Sick Relative Leave
				COMP
				LWOP
				Other Leave (Please Explain *)

* _____

Employee Signature _____ Date _____

Supervisor Signature _____ Date _____

To Be Completed by Human Resources/Payroll

- | | | | |
|--------------------|---------------------|---------------------|-----------------------------|
| ____ Annual | ____ FML – LWOP | ____ Jury | ____ STD |
| ____ Sick | ____ FML – COMP | ____ Administrative | ____ COMP |
| ____ Sick Relative | ____ FML – STD | ____ Military | ____ Funeral |
| ____ FML – Annual | ____ FML - Military | ____ LWOP | ____ K-12 |
| ____ FML – Sick | ____ FML - Holiday | ____ Furlough | ____ Other (Specify): _____ |

For purposes of Family/Medical leave designation:

- ____ Employee is not eligible for family/medical leave until _____ (date).
- ____ Employee is eligible but has already used the hours allowed in this fiscal year.
- ____ The event does not qualify for family/medical leave.
- ____ Employee is eligible for FML AND the event does, or could, qualify for family/medical leave.
- ____ Continuation of a previously designated event (continuing treatment or recovery).

Approved by _____ Date _____



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Definitions

Complete definitions of the various types of leave and the rules governing their use are found on Red Rocks' web site at <http://www.rrcc.edu/hr/benefits.htm>. Additional information and assistance is also available in the Office of Human Resources.

The employee is responsible for requesting leave as far in advance as possible and providing sufficient information regarding the reason for the leave.

Please be accurate. State actual dates and times to be charged as leave. Incorrect information may cause errors and delays in processing an employee's request for leave.

Annual Leave: paid leave typically used for personal/vacation purposes.

Sick Leave: paid leave used for an employee's own medical examinations and treatment, physical inability to work due to pregnancy, illness or injury.

Sick Relative: an employee may use accrued sick leave for the medical examination, treatment of illness or injury of a family member.

Funeral Leave: paid leave (up to 5 working days) for the death of a family member or other person as appropriate and agreed upon by the supervisor.

Jury Leave: paid leave when an employee is called to serve jury duty.

Administrative Leave: paid or unpaid leave as pre-approved by a member of RRCC's President's Cabinet.

K-12 Leave: paid leave (up to 4 hours per month) for participation in a school activity.

Family Medical Leave: Leave used for the birth and care of a child, placement and care of an adopted or foster child, a serious health condition of a parent, spouse, dependent or the employee's own serious health condition. Use and type of concurrent paid leaves depends on individual circumstances. For additional information contact the Office of Human Resources.

- FML – Annual: use of paid accrued annual leave when sick leave is exhausted or does not apply, including caring for a new child.
- FML – Sick: use of paid accrued sick leave for an employee's serious health condition, including childbirth and recovery or for a serious health condition of an employee's parent, spouse or dependent.
- FML – STD: use of Short Term Disability leave for a serious health condition when an employee is eligible for STD benefits.
- FML – LWOP: use of unpaid leave during family medical leave when all other applicable leaves are exhausted.
- FML – Holiday: when a holiday occurs during family medical leave it counts toward the family medical leave entitlement.
- FML – Military: use during a qualifying exigency when a covered military family member is called to active duty or for use to care for a covered service member with a serious injury or illness.