## MCNEESE STATE UNIVERSITY APPLICATION FOR LEAVE CLASSIFIED UNCLASSIFIED **FACULTY** Employee Name: Department: **AMOUNT** P R LEAVE TIME LEAVE EMPLOYEE **SUPERVISOR** OF TIME **REASON#** Ν (FROM-TO) TYPE SIGNATURE/DATE SIGNATURE/DATE DATE 0 V (Hours) Е Ε D \*You must have Human Resources approval before utilizing the following leave types: FMLA; Military; Civil, Emergency, Special/exception Jury Duty with summons; Voting; Voluntary Disaster Service; and/or Civil and National Service\* LEAVE TYPES: **CLASSIFIED EMPLOYEES** Annual (ANN); Sick (SIC); Compensatory (CMP); Civil, Emergency, Special (OTL); Voting (OTL); Voluntary Disaster Service (OTL); FMLA-Annual (FML/A); FMLA-Sick (FML/S); FMLA-LWOP (FML/LWP); LWOP (LWP); Military (MIL); Funeral (DIF). **UNCLASSIFIED EMPLOYEES** Annual (ANN); Sick (SIC); Compensatory (CMP); Civil And National Service (OTL); FMLA-Annual (FML/A); FMLA-Sick (FML/S); FMLA-LWOP (FML/LWP); LWOP (LWP); Military (MIL); Funeral (DIF).

## **FACULTY EMPLOYEES**

Sick (SIC); Civil and National Service (OTL); FMLA-SICK (FML/S); FMLA-LWOP (FML/LWP); LWOP (LWP); Military (MIL); Funeral (DIF). \*\*Faculty members do not earn compensatory leave or vacation/annual leave\*\*

## LEAVE REASONS:

- 1. Own illness and/or injury
- 2. Own medical consultant/treatment
- 3. Care/Medical Appt of Immediate Family Member

Relationship to Employee:
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- Care for child, spouse, or parent who has a serious health condition (FMLA)
- 5. Care for child after birth, or placement of a child for adoption or foster care (FMLA)
- 6. Personal business, or family matters not covered in #1-4
- 7. Civil, Emergency, Special-Attach summons for jury duty or qualified witness appearance
- 8. Civil and National-Attach summons for jury duty or qualified witness appearance

- 9. Disaster Service
- 10. Military Service
- Vacation
- 12. Funeral:

Name of Deceased:	
Relationship to Employee:	

13. Other: (List Reason)