

**MCNEESE STATE UNIVERSITY
APPLICATION FOR LEAVE**

CLASSIFIED

FACULTY

UNCLASSIFIED

Employee Name: _____

Department: _____

LEAVE DATE	TIME (FROM-TO)	AMOUNT OF TIME (Hours)	LEAVE TYPE	REASON #	EMPLOYEE SIGNATURE/DATE	SUPERVISOR SIGNATURE/DATE	A P P R O V E D	D E N I E 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: _____

4. 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
11. Vacation
12. Funeral:

Name of Deceased: _____

Relationship to Employee: _____

13. Other:
(List Reason) _____