

# Northwest Alabama Mental Health Center Request for Leave or Approved Absence

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### I request leave for the following period of time

From		To	

\_\_\_\_\_

- Sick leave, explain:
- Vacation
- Jury Duty, attach copy of subpoena or summons
- Bereavement (*maximum of 40 hours per calendar year*)  
Name of Deceased:  
Relationship:  
Date of event:

- Military with pay       Military without pay  
*(Attach copies of orders, or other appropriate documents that support each request.)*

- Pending Worker's Comp with pay
- Worker's Comp without pay
- Leave without Pay (*Explain*)

- Birthday Holiday
- Personal Holiday 1/1—6/30\_\_\_\_\_ or 7/1—12/31\_\_\_\_\_
- Delayed Holiday, taken within 60 days (*Residential ONLY*)  
*Which holiday is being taken?*

I have insufficient sick time to cover the time requested. Please use the following for the excess:  
 Vacation       Leave without pay

**I certify that this request for leave contains true and complete information:**

\_\_\_\_\_ ::

### Family and Medical Leave

If vacation, sick or leave without pay will be used under the Family and Medical Leave Act of 1993 (FMLA), please provide the following information:

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

*Contact your Human Resources department to obtain additional information about your entitlements and responsibilities under the FMLA. Medical certification of a serious health condition may be required by your agency with periodic updates following.*

- Absence relates to condition where FMLA form was previously filed.

### FOR PAYROLL OFFICE USE ONLY

Sick \_\_\_\_\_

Vacation \_\_\_\_\_

Holiday \_\_\_\_\_

Leave without Pay:

Regular Rate - LWOP Amt. = Current Period Rate

### SUPERVISOR RESPONSE

- Pre-approved
- Approved after taken (called in)
- Disapproved (*explain*)

Unauthorized absence, disciplinary action taken

Remarks:

Supervisor's Signature:

Date: