UNIVERSITY OF SOUTH ALABAMA

Leave of Absence Request Form

HR Approved ☐

Employee Information

Last Name	First Name	J#	Home Phone #
Mailing Address	City	State / Zip Code	Work Phone #
Email Address	Supervisor's Name		Department's Title

Leave Information

Leave Start Date ___/___/___ Leave End Date ___/___/___

Apply for FML

Select One
☐ New Leave
☐ Continuation of Leave

Select one: Intermittent FML?
☐ Yes ☐ No

Select Type of Leave

☐ **FML Employee's Illness** (Must use all available sick leave. Vacation usage is optional)

☐ **FML – Maternity** (Sick leave usage limited to six (6) weeks of available leave for normal delivery. Vacation usage is optional)

☐ **FML – Bonding with a newborn child** (May not use sick leave. Vacation usage is optional)

☐ **Adoption/Foster Care Placement** (May use up to 6 weeks of sick leave if available. Vacation usage is optional)

☐ **FML – Family Member** (Sick leave usage up to 60 work days or 480 hours for eligible immediate family member. Sick leave usage is limited to six (6) weeks to care for spouse recuperating from childbirth. Vacation usage is optional). Check applicable box below.

☐ Spouse ☐ Child/Age _____ ☐ Parent

☐ **FML – Family Member who is a military service member on active duty or notified of an impending call or order to active duty** (May not use sick leave. Vacation usage is optional) Attach military orders.

☐ **FML- Family Member who is a military service member with a serious injury or illness.** (See policy above for sick leave usage for immediate family member. Vacation usage is optional)

Apply for other leave of absence

☐ **Personal leave** (paid or unpaid) Employee statement providing reason for request is required, and should be attached.

☐ **Military Leave/DMAT** (Paid up to 168 hours per calendar year) Please provide copy of military orders.

Apply for On-The-Job (OJI) Wage Replacement Benefits

I understand that beginning with the fifth calendar day following the day of the incident the On-The-Job Injury Program will pay 66 2/3% of my regular rate of pay for time/wages lost as a result of an on-the-job injury and that this benefit is subject to all normal deductions (such as federal and state tax). I can supplement this reduced rate of pay with my accrued sick and vacation hours.

If lost time resulting from an on-the-job injury exceeds two calendar weeks, the employee must apply for a leave of absence (FML, if eligible or Personal Leave) retroactive to the date of the injury. A new form must be submitted. A leave of absence and on-the-job injury leave will run concurrently and will not "stack" one after the other.

☐ **I do want to use my accrued leave to supplement my OJI wage replacement benefit.** (accrued sick hours will be used first, then vacation hours if applicable. Sick or vacation hours used to supplement an OJI wage replacement benefit will not be reinstated.)

☐ **I do not want to use my accrued leave to supplement my OJI wage replacement benefit.**

Vacation: (Once applicable sick leave has been used) must select one.

☐ Vacation use all available

☐ Vacation use as follows

Effective Date: _____ End date: _____

☐ Without Pay

Employee Signature: _____ Date: _____

Acknowledgement of request: Supervisors, with regards to the personal leave of absence, your signature is your approval.

Department Supervisor: _____ Date:_____

Supervisor's phone number: _____ Supervisor's email:_____

This form must be filled out completely, including the supervisor's signature, and returned to the Human Resources Office by fax at 251-460-7483 or via email at employeebenefitshr@southalabama.edu.

REV. 2/2023

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How to complete this form:

1. This form is for **University General Division employees.** If you are a USA Health employee please complete the PTO Leave of Absence Request form.

2. Under *Employee Information*, enter your contact information. Do not leave any section blank. Communications will be sent via email. Email address is required.

3. Under *Leave Information*, answer all questions. Leave start date and end date are required.

4. You must make an election for all pay applicable statements.

5. Sign and date your form. Electronic signatures are accepted.

6. Forward the completed form to your supervisor. Supervisor's signature is required under *Acknowledgment of Request*. Electronic Signatures are accepted.

7. The completed form, with supervisor's signature, must be emailed to employeebenefitshr@southalabama.edu.

8. The Human Resources Office will communicate with you via email regarding the required supporting documentation. Any documentation can be emailed back to Human Resources.

For additional information please visit:
https://www.southalabama.edu/departments/financialaffairs/hr/leavepolicies.html

For additional questions and guidance contact:
Human Reosurces
251-460-6133
employeebenefitshr@southalabama.edu