

APPLICATION FOR LEAVE

Original

Copy

FLSA EXEMPT?

Name _____ UNC Charlotte ID: **80** _____
Please Print or Type

Dates: _____ through _____
Beginning Ending

Please forward the approved original of this form to the Payroll Office the week after the leave is taken.

Please check the appropriate box, if this leave is for:

An illness or health condition that prevents you from doing the functions of your job for three (3) consecutive days.

Birth, adoption, or foster care placement of a child with your family.

Caring for a child, spouse, or parent with a serious health condition.

You may be eligible for Family and Medical Leave (see PIM 9 for details or talk with your supervisor or the Benefits Office). Family and Medical Leave affords you special job and health insurance protections but cannot be granted without proper documentation. Please complete the appropriate forms and return them to the Benefits Office (225 King Building) as soon as possible.

Remarks: _____

Employee Signature: _____

Date: _____ Ph: _____

Supervisor's signature indicates approval of this request including approval of advanced vacation or sick leave in accordance with PIM-3 or leave without pay in accordance with PIM-5.

Supervisor Signature: _____

Date: _____ Ph: _____

Supervisor: Does this leave cover all or part of an approved Family and Medical Leave: Yes No

TYPE OF LEAVE	Total Time	
	Hours	100ths
Vacation Leave - 170		
Sick Leave - 180		
Bonus Leave - 190		
Leave Without Pay (PIM 5) - 420		
Community Involvement Leave (PIM 46) <i>Explanation Required</i> - 171		
Military Leave -		
Civil Leave -		
-		
Advanced Vacation Leave (PIM 3) - 30 V		
Advanced Sick Leave (PIM 3) - 30 S		

Conversion Table (minutes - 100ths of an hour)					
05 - .08	15 - .25	25 - .42	35 - .58	45 - .75	55 - .92
10 - .17	20 - .33	30 - .50	40 - .67	50 - .83	60 - 1.00

Date Processed by Payroll: _____