FLORIDA COMMUNITY COLLEGE AT JACKSONVILLE

FLORIDA COMMUNITY COLLEGE AT JACKSONVILLE
REQUEST FOR LEAVE OF ABSENCE

DATE_____

SOCIAL SECURITY NUMBER_____

NAME _____
Last First Middle

SIGNATURE_____

OFFICE LOCATION_____TELEPHONE_____

In the event the amount of sick leave requested exceeds my sick leave balance, deduct the remaining portion from my annual leave balance. (REQUIRES SUPERVISOR'S APPROVAL)

_____ _____
Employee Date

_____ _____
Supervisor Date

☐ Approved ☐ Disapproved

TIME TYPE

ANNL VACATION
SICK SICK
SLPR PERSONAL LEAVE
POOL SICK LEAVE POOL
MTLV MILITARY LEAVE
FMLA FAMILY MEDICAL LEAVE (NON PAY)
FML1 FAMILY MEDICAL LEAVE (ANNUAL)
FML2 FAMILY MEDICAL LEAVE (SICK)
NPAY UNPAID LEAVE
JDTY JURY DUTY
WCMP WORKER'S COMP/ON THE JOB INJURY
EDLV SABBATICAL LEAVE/ EDUCATIONAL

LEAVE PROVISIONS FOR TIME TYPE

SICK – Sick..... Doctor's certificate is required if leave exceeds five (5) consecutive days (40 hrs). Attach copy of doctor's certificate attesting to the employee's ability to return to work and perform assigned duties, if leave exceeds ten (10) consecutive days (80 hrs).
SLPR – Personal Leave..... Maximum of 32 hours per calendar year (deducted from sick leave balance).
POOL – Sick Leave Pool..... Must be a member of the sick leave pool **(prior approval from HR required).**
FMLA –Family Medical Leave..... Non-pay with health benefits **(prior approval from HR required).**
FML1 – Family Medical Leave..... Annual leave with health benefits **(prior approval from HR required)**.
FML2 – Family Medical Leave..... Sick leave with health benefits **(prior approval from HR required).**
JDTY – Jury Duty..... Attach original court summons and receipt if on jury duty more than one day.
MTLV– Military Leave..... Attach copy of orders. Maximum of 17 days per calendar year.

LEAVE OF ABSENCE FORM SHOULD BE FOR ONE (1) PAY PERIOD ONLY --- (1^{st} – 15^{th} OR 16^{th} – 31^{st})

TIME OF LEAVE FROM	TIME OF LEAVE THROUGH	DATE	TYPE OF LEAVE USED (TIME TYPE)	WORKING HOURS ABSENT
		/ /		
		/ /		
		/ /		
		/ /		
		/ /		
		/ /		
		/ /		
		/ /		
		/ /		
		/ /		
		/ /		
		/ /		

FOR PAYROLL USE ONLY:

PAY PERIOD: FROM: _____ **TO:** _____ **POSITION #:** _____ **CHECK DATE:** _____

Signature of Person Assuming Duties_____ Date _____

Approval of Immediate Supervisor _____ Date _____

Approval of Supervising Administrator_____ Date _____

Florida Community College at Jacksonville is an equal access/equal opportunity/affirmative action college

WHITE (original) - PAYROLL / HUMAN RESOURCES - PERSONNEL FILE COPY
YELLOW - SUPERVISOR