

**Alabama Agricultural and Mechanical University
Office of Human Resources**

Mailing Address: Human Resources, Alabama A&M University, Normal, AL 35762
Phone: 256.372.5835 Fax: 256.372.5881

REQUEST AND APPLICATION FOR LEAVE

Date: _____

Name: _____

Department: _____

A-Number: _____

<u>Type of Leave</u>	<u>Date(s) and Time</u>	<u>Number of Hours</u>	<u>Purpose</u> (Required for the following leave: Sick, Family Emergency, Funeral, and Leave Without Pay)
Annual Leave			
Sick Leave¹			
Leave without Pay (Less than 1 pay period.)			
FMLA³ with Annual Leave (MUST Submit Copy to HR)			
FMLA³ with Sick Leave (MUST Submit Copy to HR)			
FMLA³ with Leave without Pay (MUST Submit Copy to HR)			
Bereavement Leave²			
Court/Jury Duty (Leave with pay) Attach copy of Summons or Subpoena			
Military Leave (Leave with pay up to 21 days or 168 hours. After 21 days/168 hours, leave without pay.) Attach copy of orders			
Compensatory Leave			

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¹ Paid sick leave and paid family emergency leave may be granted in accordance with approved policy and procedures. Sick leave must be accrued before it can be used. Eligible employees may be granted Sick Leave when they are unable to perform their duties because of personal illness or injury, or illness within their immediate family, or because they must be absent from work for the purpose of obtaining health-related professional services which cannot be obtained after regular working hours. The University defines immediate family as: spouse, spousal equivalent, children, step-children, children-in-law, parents, step-parents, parents-in-law, brothers, brothers-in-law, sisters, sisters-in-law, grandparents, grandparents-in-law, grandchildren, aunts, uncles, nieces, nephews; and first and second cousins. A supervisor, or the employee's department head, may require at any time that a claim for sick leave be supported by adequate documentation.

² Full time and regular staff members who are in active work status (e.g. regularly reporting to work at the time of the request for leave) shall, upon written request, be granted up to three (3) days of bereavement leave for the death of an immediate family member. The University defines immediate family as: spouse, spousal equivalent, children, step-children, children-in-law, parents, step-parents, parents-in-law, brothers, brothers-in-law, sisters, sisters-in-law, grandparents, grandparents-in-law, grandchildren, aunts, uncles, nieces, nephews; and first and second cousins.

³ FMLA (Family Medical Leave Act) is granted in accordance with approved AAMU Procedure 6.7. An eligible employee may take up to 12 weeks of FMLA leave in a rolling 12-month period. An employee must use any accrued annual and sick leave during an approved FMLA leave. If an employee's accrued annual and sick leave is exhausted but the employee is still eligible for additional leave under the FMLA, the remainder of the employee's FMLA leave will be unpaid. The office of Human Resources must approve all FMLA leave.

I, the undersigned Employee, certify that the above leave was taken or will be taken in accordance with Alabama A&M University Leave policies and procedures. I understand that failure to adhere to institutional leave policies and procedures may result in discipline up to and including termination.

Employee Signature _____ Date _____

Supervisor _____ Date _____