

THE UNIVERSITY OF MEDICAL BRANCH AT GALVESTON LEAVE REQUEST FORM

Employee: _____ **EMPL ID:** _____ **Date of Request:** _____

TYPES OF LEAVE REQUESTED

- | | | |
|--|--|---|
| <input type="checkbox"/> Administrative
<input type="checkbox"/> Bone Marrow Donor
<input type="checkbox"/> Assistance Dog Training
<input type="checkbox"/> Compensatory Disaster
<input type="checkbox"/> Compensatory Time
<input type="checkbox"/> Court Appearance
<input type="checkbox"/> Disaster Service Worker
<input type="checkbox"/> Foster Parent | <input type="checkbox"/> Funeral
<input type="checkbox"/> Holiday
<input type="checkbox"/> Medical Leave of Absence
<input type="checkbox"/> Military Leave of Absence
<input type="checkbox"/> Military Training
<input type="checkbox"/> Organ Donor
<input type="checkbox"/> Out of Office
<input type="checkbox"/> Parental | <input type="checkbox"/> Parents Conference
<input type="checkbox"/> Personal Holiday
<input type="checkbox"/> Personal Leave of Absence
<input type="checkbox"/> Vacation
<input type="checkbox"/> Volunteer Firefighter
<input type="checkbox"/> Sick Leave
<input type="checkbox"/> WCI Injury |
|--|--|---|

Please see detailed explanation on second page regarding use of leave types and allowable hours where applicable.

Permission is requested to be absent for:

Day(s) requested _____ From _____ To _____
And/OR
 Hour(s) on the following Date(s) _____ From _____ To _____
 (times)

Remarks:

If this is an extended leave of absence, please give the address and telephone number where you can be reached.

Address: _____ Phone: _____

_____ Employee Signature/Date	_____ Supervisor Signature/Date
<input type="checkbox"/> Scheduled <input type="checkbox"/> Unscheduled <input type="checkbox"/> *FMLA	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved

***Do not indicate scheduled or unscheduled for FMLA**

Supervisor, if Disapproved or Unscheduled, please give reason: _____

COMPLETE SECTION BELOW FOR FAMILY AND MEDICAL LEAVE ONLY

- A: Birth of a Child C. Serious Health Condition of Dependent D. Military
 B. Adoption / Foster Care D. Serious Health Condition of Employee*
1. Have you been employed by the State of Texas for 12 months? Yes _____ No _____
2. Have you worked 1,250 hours for the State of Texas in the past 12 months? Yes _____ No _____
3. Have you taken Family and Medical Leave in the past 12 months? Yes _____ No _____
- If yes, date: _____ # of weeks taken: _____
4. If you checked A or B above, please provide the following:
- a. Spouse's Name: _____ Social Security #: _____
- b. Does Spouse work for a Texas State Agency? Yes _____ No _____
- If yes, what is the name of the Agency? _____

FLMA is paid / unpaid leave based on applicable accrued leave utilized in conjunction with FMLA.

***Note: Attending Physician and Medical Certification Statement must accompany items C, D or E above (form may be obtained from department Supervisor).**

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ADL	<p>ASSISTANCE DOG TRAINING LEAVE Employees with a qualifying disability are entitled to leave with pay for the purpose of attending a training program to acquaint the employee with an assistance dog to be used by the employee for the employee's disabling medical condition. Leave may not exceed ten (10) working days per fiscal year. This leave does not decrease leave balances. (Requires Human Resources approval)</p>
AL	<p>ADMINISTRATIVE LEAVE Leave granted in accordance to a University approved incentive program up to a maximum of 32 hours per fiscal year. (Requires Human Resources approval)</p>
<p>BCT, BHL, BPH, BSL, BVA, BLA, BLW are TYPES OF PARENTAL LEAVE CODES, WHEN EMPLOYEE CANNOT USE FMLA, as detailed below: These are TYPES OF Parental Leave used for employees who are not eligible for FMLA due to not fulfilling the length of service requirement of 12 months</p> <ul style="list-style-type: none"> • Length of Service is less than 12 months but greater than 4 ½ months • Limited to 12 weeks for birth or placement by adoption or placement by foster care • Not to be used for pregnancy, use accrued SL/SLU. For Pregnancy when not FMLA eligible, must use appropriate LWOP/LWOU or LOA (LWP/LWU in ETC), once SL/SLU is exhausted. • Decrements employee's accrued leave time, if applicable. • Regarding BLA and BLW must be recorded while employee is on Leave of Absence or Leave Without Pay If less than 4½ months, use sick leave balance available and place the employee on LOA, if unable to return to work. 	
BCT	BIRTH - COMP TIME USED - NOT FMLA
BHL	BIRTH - HOLIDAY - NOT FMLA
BPH	BIRTH - PERSONAL LEAVE - NOT FMLA
BSL	BIRTH - SICK LEAVE - NOT FMLA
BVA	BIRTH - VACATION - NOT FMLA
BLA	BIRTH - LEAVE OF ABSENCE - NOT FMLA
BLW	BIRTH - LEAVE WITHOUT PAY - NOT FMLA
CA	<p>COURT APPEARANCE Court Appearances for jury and witness duty will be authorized in accordance with UTMB policy. Evidence of actual time spent for court appearance is required. Examples:</p> <ul style="list-style-type: none"> • Will be used if someone is called for Jury Duty • Will be used if someone is subpoenaed to appear or testify in court on behalf of UTMB • Cannot be used if employee is called to testify or appear for reasons other than the behalf of UTMB. (for example, cannot use if being sued) • Proof of appearance is required • Does not decrease leave balances
CDT	<p>COMP DISASTER TAKEN</p> <ul style="list-style-type: none"> • Intended to be used for hours earned on CDE • Compensatory time must be taken within one year from the date accrued at a time mutually agreed upon by the employee and the supervisor.
CT	<p>COMPENSATORY TIME TAKEN Compensatory Time may be authorized for classified exempt employees required to work in excess of the regularly scheduled hours in a work week or work cycle. Non-exempt employees are not eligible to receive Compensatory Time.</p>
DSW	<p>DISASTER SERVICE WORKER</p> <ul style="list-style-type: none"> • For employees who are certified as a disaster service volunteer for the American Red Cross or who are in training to become a disaster service volunteer leave may be granted up to 10 days per fiscal year • Request must be from American Red Cross with approval from the Governor's Office • Employee must provide documentation verifying mobilization by the American Red Cross and dates of service <p>(Requires Human Resources approval)</p>
FL	<p>FUNERAL LEAVE Funeral Leave, not to exceed three (3) eight-hour days, will be granted in accordance with UTMB policy. Verification of death and relationship may be required.</p>

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FPL	<p>FOSTER PARENT LEAVE Employees who are foster parents to a child under the conservatorship of the Department of Protective and Regulatory Services (DPRS) are entitled to leave with pay for the purpose of attending meetings held by DPRS regarding the child or an admission, review, and dismissal held by the school district regarding the child. Examples:</p> <ul style="list-style-type: none"> • Record for meetings with DPRS concerning foster child placed in their home • Proof of each DPRS meeting must be given to supervisor • No limit to number of DPRS meetings • Does not decrease leave balances <p>(Requires Human Resources approval)</p>
HOL	<p>HOLIDAY TAKEN Holiday time will be granted to employees whose duties require that they work an authorized UTMB Holiday.</p>
LOA	<p>LEAVE OF ABSENCE Leave without pay may be granted after all eligible accruals have been exhausted and if such leave is considered in the best interest of UTMB.</p>
MDL	<p>BONE MARROW LEAVE Employees are entitled to a leave of absence without a deduction in salary for the time necessary to permit the employee to serve as a bone marrow or organ donor. Prior approval must be obtained before the start of such leave.</p> <ul style="list-style-type: none"> • Must not exceed 5 working days per fiscal year • Must have a release to return to work <p>(Requires Human Resources approval)</p>
ML	<p>MILITARY LEAVE An employee who has enlisted or is called to active duty in the U.S. Armed Forces or Reserves will be granted military leave in accordance with UTMB policy. A copy of military orders should be attached to this leave request.</p> <ul style="list-style-type: none"> • Payment for military training, not to exceed 15 days per year, will be authorized in accordance with UTMB policy.
ODL	<p>ORGAN DONOR LEAVE Employees are entitled to a leave of absence without a deduction in salary for the time necessary to permit the employee to serve as a bone marrow or organ donor. Prior approval must be obtained before the start of such leave.</p> <ul style="list-style-type: none"> • Must not exceed 30 working days per fiscal year • Must have a release to return to work <p>(Requires Human Resources approval)</p>
OO	<p>OUT-OF-OFFICE</p> <ul style="list-style-type: none"> • Optional and ONLY FOR MONTHLY-PAID EMPLOYEES • ONLY used on Monthly employees' conferences, travel or time away from office for UTMB business
PCL	<p>PARENTS' CONFERENCE LEAVE</p> <ul style="list-style-type: none"> • Maximum of 8 (eight) hours per fiscal year, per employee. • DOES decrease sick leave balances
PHL	<p>PERSONAL HOLIDAY LEAVE Personal Holiday time will be granted in accordance with UTMB policy.</p>
SL	<p>SICK LEAVE TAKEN Sick Leave will be approved for bona fide personal illness, or illness in the employee's immediate family, in accordance with UTMB policy. For illness extending beyond three days, a doctor's release may be required.</p>
VA	<p>VACATION TAKEN Vacation Leave will be granted in accordance with UTMB policy.</p>
VFL	<p>VOLUNTEER FIREFIGHTER LEAVE Employees may be granted up to five (5) paid working days of leave per fiscal year for volunteer firefighter service in connection with his/her regular work schedule to attend training schools conducted by state agencies.</p> <ul style="list-style-type: none"> • Employee will bring verification of class attendance upon return to work • Must prove active membership and current training attendance • Maximum of 5 days per fiscal year • Does not decrease leave balances
WCI	<p>WORKERS' COMPENSATION INSURANCE LEAVE Leave will be granted for industrial injuries in accordance with UTMB.</p> <ul style="list-style-type: none"> • Employee will bring verification of class attendance upon return to work • Must prove active membership and current training attendance • May Only be entered on the day Employee Leaves work on WCI • Should never be greater than 8 hours without HR Approval