

Employee Leave Request Form

Name:	700#:
Department:	Title:

A request for leave must be completed & approved prior to each planned absence from work and submitted to your immediate supervisor for approval. Employees should request annual leave at least 30 days in advance if foreseeable, or on such date that is practicable if 30 days advance notice is not possible. A form for unanticipated illness should be completed immediately upon your return. I understand that I must provide sufficient information so the proper type of leave can be determined. I understand that I am responsible for keeping my supervisor informed of any change in this request.

Type of Leave:	From:	To:	Date Returning to Work:	Number of days (or hours) taken:
Annual Leave				
Annual Leave				
Discretionary Leave ¹				
Jury Duty				
Bereavement				
Other: _____				
			TOTAL days (or hours) taken:	

Type of Leave:	From:	To:	Date Returning to Work:	Number of days (or hours) taken:
CO Paid FMLI - Sick Leave				
CO Paid FMLI - Annual				
I Approve / Disapprove using Sick or Annual Leave to make my pay whole as noted above. _____ (Initial)				
			TOTAL days (or hours) taken:	

Type of Leave:	From:	To:	Date Returning to Work:	Number of days (or hours) taken:
Sick Leave (see note)				
FMLA – Sick Leave				
FMLA- Annual Leave				
FMLA - Paid Leave ²				
FMLA - Unpaid Leave				
			TOTAL days (or hours) taken:	
Sick Leave Notice: Employees are required to provide documentation for accrued paid sick leave (not COVID-related) for any absence of four or more consecutive days. Documentation may be provided after leave ends.				

Employee's Signature _____ Date _____

Comments _____

Supervisor's Signature _____ Date _____

- RETURN COMPLETED FORM TO HUMAN RESOURCES -

Unpaid Leave ³ (does not include FMLA Unpaid)	
Signature and approval of the President or State of CO Appointing Authority <u>REQUIRED IN ADVANCE</u>	
President or Appointing Authority Signature:	Date:

DEFINITIONS OF LEAVE TYPES

Annual Leave – paid leave typically used for personal/vacation purposes. Available to administrative employees.

Sick Leave – paid leave used for an employee’s own medical examination and treatment, physical inability to work due to mental or physical illness, injury, or health condition; preventative medical care or care for a family member who needs care as previously noted or because of school or work closures. Can be used for bereavement or attending a funeral service or to deal with matters related to death of a family member or in the event employee needs to evacuate their place of residence.

¹ **Discretionary Leave** – two days of non-cumulative paid leave per fiscal year. This leave may be used at the option of the employee for personal reasons. Available to benefits-eligible Faculty & Administrative Staff (not Classified).

Anniversary Award Discretionary Leave - All employees are eligible to be awarded five (5) discretionary days on their 5-year anniversaries. Employee will be notified if awarded & provided guidelines that must be followed.

Jury Duty – paid leave used when an employee is called to serve jury duty. A copy of the summons may be required.

Bereavement - employees may request up to 40 hours (5 working days) paid leave in the event of imminent death or death of an immediate family member. Immediate family includes spouse, domestic partner, civil-union partner, children, parents, grandchildren, grandparents, siblings, nephews, nieces, aunts, uncles and in-laws (parents, siblings, sons, daughters).

Compensatory Time – hours earned for approved overtime work by an eligible employee. Compensatory time is an absence from the work place, but is not a form of leave. Required to use concurrently when Family Medical Leave applies.

³ **Unpaid Leave** – Unpaid time off that is granted at the discretion of the President or State of CO Appointing Authority. Approval & signature must be obtained prior to using unpaid leave. This does not apply to FML Unpaid leave.

Family Medical Leave (FMLA) – after one year of service, up to 12 weeks (13 weeks for Classified), pro-rated for part-time, may be used for; birth and care of a child, placement and care of an adopted or foster child, a serious health condition of a child, parent spouse, the employee's own serious health condition, active duty family leave for qualifying exigency directly related to, being called to, or on active duty to a foreign country, or up to 26 weeks in a single 12-month period for military caregiver leave for servicemember who is seriously ill or injured in the line of duty on active duty. For additional information contact HR Benefits Specialist.

Colorado Paid FAMLI Leave-Paid leave for an employee's own serious health condition, birth and bonding with a child within the first 12-months following birth, adoption or foster placement, to care for a family member with a serious health condition, assist a family member called to active duty, to address health safety and legal needs of employees or their family members who are a victim of domestic violence, stalking, or sexual assault or abuse. Designed to run concurrently with FMLA if reason qualifies as leave under FMLA. Employees may choose to use employer-provided paid time off for full wage replacement while on FAMLI leave but are not required to do so. For additional information, contact HR.

² **FML Paid** – Up to 160 hours of paid leave (pro-rated for part-time) per rolling 12-month period when employees are eligible and qualify for FMLA. Available to Classified employees only.

The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we are asking that you not provide any genetic information when completing the leave request form. “Genetic information,” as defined by GINA, includes an individual’s family medical history, the results of an individual’s or family member’s genetic tests, the fact that an individual or an individual’s family member sought or received genetic services, genetic information of a fetus carried by an individual or an individual’s family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.