

Office of Human Resources | Box 1040 | Edwardsville, IL 62026 | Phone: 618.650.2190 | Fax: 618.650.2696

Employees are to submit absence requests to their immediate supervisors or department chairs in advance, consistent with any applicable personnel policies and collective bargaining agreements. Except in cases of illness, injury, or unforeseen circumstance, employees should submit such requests at least one week in advance unless immediate employing units require greater advance notice, based on University operating needs. Absences for illness or injury to employees or family members lasting more than 3 days require FMLA documents and medical certification. For additional information, please visit the SIUE policies for the appropriate employment type online at http://www.siu.edu/humanresources/hr_policies.shtml

A release to return to work is required if the employee is off work more than three days due to his/her own illness/injury.

Name: _____ Banner ID: (800 #) _____

Department: _____

Select Employment Type: Administrative/Professional Staff Civil Service Faculty

Beginning Date/Time: _____ Ending Date/Time: _____

Leave Type:	Sick	SN43*	SK97	SK84	EXSK**
No. of Hours:					
Leave Type:	V250 Vacation	COMP	Temporary	Funeral	Other
No. of Hours:					
PLEASE NOTE - If Absent no Pay, please submit the Payroll/ Personnel Reporting Form to HR.			*SN43 is only for Administrative Staff & some Faculty groups **EXSK is only for Professional Staff in the IEA Prof. Staff Association & CS		

Other Leave Only - Please Specify (VESSA, Military, etc): _____

<input type="checkbox"/>	Check here if leave is approved under the Family Medical Leave Act (FMLA). If you check this box, all hours will be counted against your FMLA balance.
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Explanation of Codes

Sick	Accruable sick leave after 1997 Sick	V250 Vacation	Vacation time earned
SK97	Earned 1984-1997	Temporary	Temporary leave days, non-accruable
SK84	Sick earned pre 1984 time	Funeral	Funeral leave time
SN43	Sick leave of 43 days, non-accruable	COMP	Placeholder for COMP earned, non-accruable
EXSK	Extended sick leave time		

Employee's Signature: _____ Date: _____

<input type="checkbox"/>	<input type="checkbox"/>	Authorized Signature (Chairperson or Supervisor)	
Approved	Denied		Date
<input type="checkbox"/>	<input type="checkbox"/>	Authorized Signature (Dean, Director, or Fiscal Officer)	
Approved	Denied		Date