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

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Faculty are to submit absence requests to their department chairs in advance, consistent with any applicable personnel policies and collective bargaining agreements. Except in cases of illness, injury, or unforeseen circumstance, faculty should submit such requests at least one week in advance. Absences for illness or injury to employees or family members lasting more than 3 days may require FMLA documents and medical certification. For additional information, please visit the SIUE policies for the appropriate employment type online at <https://www.siue.edu/human-resources/faculty-staff/compliance/policies-faculty>.

*A release to return to work may be required if the employee is off work more than three days due to their own illness/injury. If applicable, refer to your bargaining unit agreement.*

Name: \_\_\_\_\_ Banner ID: \_\_\_\_\_

Department: \_\_\_\_\_ School/College: \_\_\_\_\_

Beginning Date/Time: \_\_\_\_\_ Ending Date/Time: \_\_\_\_\_

**LEAVE REQUEST**

Leave Type	Sick	SN43	SK97	V250	Temp.	Other
Hours						

Other Leave or Paid Leave for All Workers - Please specify (VESSA, Military, etc.):

*Check here if leave has been previously certified under the Family Medical Leave Act (FMLA). If you check this box, all hours will be counted against your FMLA balance.*

Some or all of this leave will be deducted against my available Paid Leave for All Workers hours. The use of my hours is broken down above.

<b>SICK</b>	Accruable sick after 1997	<b>V250</b>	Vacation
<b>SK97</b>	Earned 1984-1997	<b>Temporary</b>	Non-accruable temporary
<b>SN43</b>	Non-accruable sick, 43 days	<b>Other</b>	VESSA, Military, other hours

**UNIVERSITY-RELATED TRAVEL - (conference or professional meeting/development, training, etc.)**

I will be working away from campus in an official University capacity during the dates indicated above. I will provide documentation to the department on the assigned alternative activities for any of the classes missed during my absence.

Please provide a brief description of this University-related travel.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Approve      Reject      Chair Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Approve      Reject      Dean Signature: \_\_\_\_\_ Date: \_\_\_\_\_