THE INDEPENDENCE CENTER

Electronic version available on Paylocity self-service portal

Request for Leave

Name:	Today's Date:
Field Staff ONLY(please choose one) ☐ Family Caregiver ☐ Non-Family Caregiver	☐ Client in Hospital ☐ Client on Vacation ☐ Client Other: _____

Type of Leave/Absence:	**Note : Planned absences must be approved in advance**

☐ Vacation hours:_____ ☐ Sick hours:_____ ☐ Leave Without Pay hours:_____

☐ Other Paid Absence: type_____ hours:_____

☐ Pay in Lieu of Leave (if applicable)hours: _____ All Available: ☐ Yes ☐ No

Reason for Absence (required):

Start Date:_____ Anticipated End Date:_____ **(One Pay Period Only per Form)**

☐ Employee seeking medical treatment or care for ☐ self ☐ spouse ☐ child ☐ parent

TYPE (CIRCLE OR CHECK ONE)	V S L O	V S L O	V S L O	V S L O	V S L O	V S L O	V S L O	V S L O	V S L O	V S L O	V S L O	V S L O	V S L O	V S L O
DAY	MON	TUES	WED	THURS	FRI	SAT	SUN	MON	TUES	WED	THURS	FRI	SAT	SUN
DATE														
# of HRS														

V= VACATION S= SICK L= LEAVE WITHOUT PAY O= OTHER

Approval /Denial (to be filled out by Supervisor)

Official Action on Request: ☐ Approved ☐ Denied

Approver's Signature: _____ **Date:** _____

Remarks/Reason for Denial:

For PAYROLL USE only: Vacation Available_____ Sick Available_____

FMLA/Non-FMLA hours used_____ Pay Period Date_____

CNA_____ PCA _____ PCW _____HMKR_____Total Hours_____

Payroll Initials/Pay Date

For HR USE only:

☐ Possible FMLA If possible FMLA, Date WHD-1420 sent:_____

☐ FMLA Requested Date Requested:_____

☐ STD/LTD Eligible

HR Initials: _____

Privacy Act Statement:

The primary use of this information is for management and your payroll office to approve and record your use of leave. Additional disclosures of the information may be to: The workmen's compensation carrier when processing a claim for a job related injury or illness; to a State unemployment compensation office regarding a claim; to Life Insurance or Health Benefits carriers regarding a claim; to a Federal, State or local law enforcement agency when your agency becomes aware of a violation or possible violation of civil or criminal law, or to a Federal agency when conducting an investigation for employment or security reasons.

Employee Signature:	**Date:**

_____Copy HR _____Copy Scheduling (Home Health) **Original to Payroll**

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