

## LEAVE REQUEST AND AUTHORIZATION

Name	:		Date Submitted:	
	Last	First	Middle (complete)	MM/DD/YY
ID No.: Department/Division:			Extension:	
Addre	ss where you ca	n be reached in an en	nergency:	
Addre				
Street			City	State Zip Code
Telepl	hone no. where	you can be reached in	an emergency:	
Leave begin date/time: (Ex.: 02/12/13 8:00 a.m.)			Leave end (through) date/time:	
				(Ex.: 02/13/13 4:30 p.m.)
	Type of leave requested:	Number of leave hours requested:		
	_	Paid Unpaid	1	
	Sick		See Note (1).	
	Vacation		See Note (2).	
	Personal		Four days (30 hours maximur balance.	n) per fiscal year deducted from sick leave
	FMLA		Must be approved through Human Resources. See Note (3).	
Jury Duty			Court summons must be attached.	
	Military		Copy of orders for training or active military service must be attached.	
Other			Indicate type below in remarks area.	
Remar	ks:			
Emplo	yee Signature:			
Superv	isor Signature:			Date:

## Notes:

- (1) Sick leave may be taken by an eligible employee who is unable to perform their duties at CF because of personal sickness, accident disability, doctor's appointment, extended personal illness, or because of illness or death of the employee's father, mother, brother, sister, husband, wife, child or other close relative, or a member of the employee's own household. For the purpose of this policy, close relative shall include relatives of the employee's spouse.
  - For faculty members teaching credit courses. Sick leave shall be deducted at a rate of 1.4 hours for each hour of scheduled class hours, contact hours and/or scheduled office hour of absence.
  - For faculty members teaching vocational clock hour courses, one hour of sick leave shall be deducted for each hour of classroom contact or scheduled office hour of absence.
- (2) An employee may earn and accrue vacation leave while on probation pending board appointment but shall not use vacation leave during this probationary period unless approved by the president.
- (3) Family and Medical Leave will run concurrently with paid Sick Leave and/or Vacation Leave.

College of Central Florida offers equal access and opportunity in employment, admissions and educational activities. The college will not discriminate on the basis of race, color, ethnicity, religion, gender, pregnancy, age, marital status, national origin, genetic information, sexual orientation, gender identity, veteran status or disability status in its employment practices or in the admission and treatment of students. Recognizing that sexual harassment constitutes discrimination on the basis of gender and violates this policy statement, the college will not tolerate such conduct. The following person has been designated to handle inquiries regarding the nondiscrimination policies: Dr. Mary Ann Begley, Title IX Coordinator/Equity Officer, Ocala Campus, Building 3, Room 117H, Ocala, FL 34474, 352-291-4410, or Equity@cf.edu.

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