

TEXAS A&M UNIVERSITY REQUEST FOR PERSONAL LEAVE

State law requires that you be informed that you are entitled to: (1) request to be informed about the information collected about yourself on this form (with a few exceptions as provided by law); (2) receive and review that information; and (3) have the information corrected at no charge. Contact: hradminfb@tamu.edu or (979) 845-4141.

Date Prepared _____ Department _____

Dates of Leave _____ through _____

Time of Leave _____ through _____

<p>TYPE OF LEAVE:</p> <p>____ Compensatory Time ____ hours</p> <p>____ Annual Leave ____ hours</p> <p>____ Sick Leave ____ hours</p> <p>____ Jury Duty ____ hours</p> <p>____ Emergency Leave ____ hours</p> <p>____ Leave Without Pay ____ hours</p> <p>____ Military Leave ____ hours</p> <p>____ Other, specify below ____ hours</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>PURPOSE OF LEAVE:</p> <p>____ Vacation/Personal</p> <p>____ Doctor's Appointment</p> <p>____ Birth, adoption, placement of foster child</p> <p>____ Spouse, child or parent illness/injury*</p> <p>____ Employee illness or injury*</p> <p>____ Jury Duty</p> <p>____ Other, specify below</p> <p>_____</p> <p>_____</p> <p>_____</p>
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***Medical Certification:**
 not required
 on file with medical records

COMMENTS _____

Notice to Employees: This leave will or will not be counted as a part of your Family Leave entitlement for the current fiscal year. If you do not provide **appropriate FMLA medical certification** for your absence or do not provide status updates as required, your leave will be charged to any vacation you have earned or leave without pay. The leave will not be protected by the Family and Medical Leave Act, and you will not receive the State benefit contribution while on unpaid leave.

NAME (Type or Print) _____

Title _____

Universal Identification Number _____

Employee Statement: I certify that I have read and understand the information on the back of this form. I further certify that I understand that my leave will count toward my Family and Medical Leave entitlement if the purpose of my taking leave fits one of the categories listed on the back of this form. I also certify that I have specified that appropriate reason for my leave in the space provided above. If the leave is to care for my spouse, child or parent who does not live in my home, I certify that I am requesting sick leave only for the time I am needed to provide care and assistance for a documented medical condition.

Employee Signature _____ Date _____

Approval Recommended _____ Date _____

Approved _____ Date _____

For office use only:

____ Hours FMLA leave

____ Hours Parental leave

____ Hours non-FMLA/Parental leave

____ Total hours of leave taken