Attachment A

COLORADO STATE UNIVERSITY PUEBLO
Leave/Absence Request and Authorization

****Any medical information is confidential and will be kept in separate files with limited access****

Name:	**PID #:**
Department:	**Work #:**

I understand that leave must be requested and approved in advance, where foreseeable. I understand that I must provide sufficient information so the proper type of leave can be determined. I understand that I am responsible for keeping my supervisor informed of any change in this request. If a medical condition exists, I understand that I must contact the agency Family and Medical Leave Act (FMLA) coordinator directly.

Does this amend a previous request? Yes_____ No_____ If yes, date of original request:_____

I request approval for _____ total hours as listed below. Is this absence due to a work-related illness or injury: Yes _____ No _____

Record dates, times, and number of hours in the blanks before each applicable reason. More information may be required.

ANNUAL LEAVE:

From: _____ **To:** _____

Time	**Date**	**Time**	**Date**	**# of Hours**
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

SICK/MEDICAL LEAVE: Self _____ Family: _____ Relationship _____

Medical Certification required for any absences of more than three consecutive working days.

Reason for leave (mark appropriate category):

_____ Routine medical, eye or dental exam, or common illness/injury (e.g. cold/flu)
_____ Other medical or FMLA (surgery, childbirth, continuing care, etc.)
_____ Injury on Duty (IOD) leave under Worker's Compensation

From: _____ **To:** _____

Time	**Date**	**Time**	**Date**	**# of Hours**
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

OTHER LEAVE (mark appropriate category):

_____ Administrative Leave _____ Comp Time _____ Jury _____ Military
_____ Leave Without Pay _____ Bereavement/Funeral, relationship: _____
_____ Short-term Disability _____ OTHER, please explain: _____

From: _____ **To:** _____

Time	**Date**	**Time**	**Date**	**# of Hours**
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

APPROVALS:

Employee Signature_____ **Date:**_____

Approved by_____ **Date:**_____
Immediate Supervisor or Designee

Approved by_____ **Date:**_____
Appointing Authority or Designee*

***Appointing Authority approval required for Administrative Leave, Bereavement/Funeral Leave, Leave without Pay, Military Leave, and Sabbatical**