

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:** _____

Immediate Supervisor or Designee _____ (Please Print Legibly) _____ (Please Sign) **Date:** _____

Appointing Authority or Designee* _____ (Please Print Legibly) _____ (Please Sign) **Date:** _____

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