|  |  |
| --- | --- |
|  |  **Leave or Clocking Exception Request** |

 NAME: Last Name, First Name MI DATE PREPARED:

##  DEPARTMENT: Enter Department Name here TITLE: Enter Title Name here

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **STARTTIME 🡺** |  |  | Day of Week  | Month/Day/Year:       |
| **ENDTIME 🡺** |  |  | Day of Week  | Month/Day/Year:       |

**I. REQUEST FOR LEAVE OR CLOCKING EXCEPTION**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **REASONS FOR LEAVE** | **HOURS REQUESTEDBY EMPLOYEE** | **HOURS APPROVED****BY****SUPERVISOR** |  | **REASONS FOR EXCEPTION**  | **HOURS****REQUESTED****BY** **EMPLOYEE** | **HOURS****APPROVED****BY****SUPERVISOR** |
|  | 1. VACATION
 |       |       |  | 1. FAILED TO CLOCK IN/OUT
 |       |       |
|  | 1. SICK
 |       |       |  | 1. WORKED THRU LUNCH
 |       |       |
|  | 1. COMP
 |       |       |  | 1. CALL PAY
 |       |       |
|  | 1. EDUCATIONAL (ATTACH BROCHURE)
 |       |       |  | 1. CALL BACK W/TRAVEL
 |       |       |
|  | 1. MILITARY (ATTACH ORDERS)
 |       |       |  | 1. MEETING
 |       |       |
|  | 1. COURT/JURY DUTY (ATTACH NOTICE)
 |       |       |  |  |  |  |
|  | 1. BIRTHDAY
 |       |       |  |  |  |  |
|  | 1. HOLIDAY
 |       |       |  |  |  |  |
|  |  |       |       |  |  |  |  |
|  |  |  |  |  |  |  |

**REMARKS:** **Enter remarks here.**

**II. REQUEST FOR FAMILY/MEDICAL LEAVE**

I am requesting Family/Medical Leave due to:

 [ ]  the birth of my child or placement of a child with me for adoption or foster care (must take a block of time).

 [ ]  a serious health condition that makes me unable to perform my job functions (may be taken intermittently).

 [ ]  a serious health condition affecting my: [ ]  spouse [ ]  child [ ]  parent, for whom I am needed to provide care (may be
taken intermittently).

 [ ]  other (explain) Enter explanation for other here.

|  |  |  |
| --- | --- | --- |
| ***IMPORTANT: I HAVE READ AND UNDERSTAND THE*** ***INFORMATION ON THE BACK OF THIS FORM*** | 🡺 |  |
|  |  |  **EMPLOYEE’S SIGNATURE DATE** |
| **RESPONSE TO REQUEST (COMPLETED BY SUPERVISOR / TIMEKEEPER)** |

**[ ]  YOUR LEAVE REQUEST IS GRANTED**

**[ ]  THIS IS AN UNAPPROVED ABSENCE**

**[ ]  YOUR REQUEST FOR LEAVE:**

[ ]  will be considered as FMLA and will be counted toward your 12 weeks (480 hours) entitlement.

[ ]  pending medical certification which you must provide by       (within15 calendar days).

[ ]  will NOT be considered as FMLA for the following reasons:

[ ]  not eligible due to Enter explanation here.

[ ]  reason/s given is/are not a qualifying event.

[ ]  other (explain) Enter explanation for other here.

|  |  |  |
| --- | --- | --- |
|  |  |  |
|  |  |  **SUPERVISOR’S SIGNATURE DATE** |
|  |  | ***APPROVAL IS SUBJECT TO AVAILABILITY OF HOURS*** |

**UAMS FAMILY AND MEDICAL LEAVE ACT**

*The Family and Medical Leave Act of 1993 (FMLA) is a federal law that took effect August 5, 1993, and is intended to promote a healthy balance between work and family responsibilities. (See UAMS Administrative Guide 4.6.11)*

1. Eligible employees will have: a.) worked for UAMS for a minimum of one (1) year; and

 b.) worked a minimum of 1,250 hours during the previous 12 months.

1. Eligible employees are entitled under FMLA for up to 12 weeks (480 hours) of unpaid leave in any 12-month period for the following qualifying reasons:
2. The birth of a child or the placement of a child with you for adoption or foster care (must be taken in a block of time).
3. A serious health condition that makes you unable to perform your essential job functions (may be taken intermittently).
4. A serious health condition affecting your spouse, child, or parent, for whom you are needed to provide care (may be taken intermittently).
5. Illness injury or financial exigency related to military service.

 **Any time off, paid or unpaid, will be considered FMLA when meeting the conditions listed above.
FMLA will run concurrently with any paid leave used.**

1. Your obligations to UAMS regarding Family and Medical Leave:
2. To request FMLA thirty (30) days in advance when/where applicable.
3. To pay your regular portion of health insurance to the Office of Human Resources within 30 days of billing.
4. If payments are not made in a timely manner, your group health insurance may be canceled after sufficient notification to you.
5. If you do not return to work following FMLA, you may be required to reimburse UAMS for its share of health insurance premiums paid on your behalf during FMLA leave.
6. To provide medical certification within 15 calendar days
7. To furnish your supervisor with at least two (2) weeks notice of your intent to return to work.
8. UAMS obligations to you while on Family and Medical Leave:
9. To pay the employer’s portion of your health insurance benefits.
10. To reinstate you to the same or equivalent job with the same pay, benefits, and terms and conditions of employment upon your return from leave.
11. To bill you for your portion of your health insurance premiums.

**UAMS LEAVE POLICIES**

1. **SICK LEAVE**  (See UAMS Administrative Guide 4.6.03)

Employees absence due to illness or disability, except in maternity\* cases, shall be charged for leave according to the following order:

1. Earned Sick Leave
2. Earned Annual/Vacation Leave (at the discretion of the dept. head - see UAMS Administrative Guide 4.6.04)
3. Earned Comp and Holiday Time
4. Catastrophic Leave, if applicable
5. Leave Without Pay

\*When leave is taken for maternity reasons, you may elect to take leave of absence without pay without exhausting accrued annual leave and sick leave.

1. **ANNUAL (VACATION) LEAVE**  (See UAMS Administrative Guide 4.6.04)

Employees may request the use of accrued annual/vacation leave at any time.

1. Department directors and other appropriate department heads shall grant requests for annual leave when it will least interfere with efficient operation of the department.
2. Department directors/heads may, at their discretion, deny the use of annual leave to absent employees who have exhausted all sick leave if abuse of sick leave is suspected.
3. **LEAVE OF ABSENCE WITHOUT PAY (MEDICAL)**  (See UAMS Administrative Guide 4.6.08)

Employees requesting extended personal leave for reasons other than maternity and/or FMLA reasons must obtain approval from the University of Arkansas President.

1. You must exhaust all accumulated annual leave, except for maternity purposes, before leave without pay will be granted.
2. While on leave without pay, you can not accumulate annual or sick leave or receive pay for legal holidays.
3. You must pay 100% of group insurance premium after advance arrangements are made with Office of Human Resources.