

STATE OF COLORADO

Leave/Absence Request and Authorization

Revised for University of Colorado at Boulder

Any medical information is confidential and must be kept in separate files with limited access.

| | |
|------------------------|----------------------|
| Name: | 6-digit Employee ID: |
| Department & Division: | Work Phone #: |

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 is highly sensitive, immediately contact the agency Family/Medical Leave coordinator directly.

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

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

☐ **Vacation** (not related to care/treatment of a medical condition or bonding with a new child)

| From: | To: | Number of Hours: |
|-------|-----|------------------|
| | | |
| | | |
| | | |

☐ **Medical**. If not self, relationship: _____

- ☐ Routine eye, medical, dental exam.
☐ Common illness/injury (no prescribed treatment, e.g., cold, flu)
☐ Other Medical (inpatient or continuing treatment, e.g., surgery, childbirth).

Explain reason: _____

| From: | To: | Number of Hours: |
|-------|-----|------------------|
| | | |
| | | |
| | | |

☐ **Other** (Explain reason & relationship, e.g., bonding, funeral, jury, adoption).

| From: | To: | Number of Hours: |
|-------|-----|------------------|
| | | |
| | | |
| | | |

Employee Signature: _____ Date: _____

TO BE COMPLETED BY APPOINTING AUTHORITY (or designee)

- | | | | | |
|------------------------------------|-------------------------------------|---------------------------------------|---|--|
| <input type="checkbox"/> Annual | <input type="checkbox"/> FML-annual | <input type="checkbox"/> Jury | <input type="checkbox"/> Administrative | <input type="checkbox"/> Other, Specify: _____ |
| <input type="checkbox"/> Sick | <input type="checkbox"/> FML-sick | <input type="checkbox"/> Bereavement | <input type="checkbox"/> Military | |
| <input type="checkbox"/> Comp Time | <input type="checkbox"/> FML-unpaid | <input type="checkbox"/> Alt. holiday | <input type="checkbox"/> Unpaid | |
| <input type="checkbox"/> STD | <input type="checkbox"/> FML-STD | <input type="checkbox"/> FML-holiday | <input type="checkbox"/> Voluntary Furlough | |

A Medical certification ☐ is required ☐ is not required. (Required for more than 3 full consecutive working days.)

A Fitness-to-Return certification ☐ will be ☐ will not be required before returning to work on a regular basis.
(Required for an absence of more than 30 days.)

For purposes of **family/medical leave designation**, I have determined, as the appointing authority or designee, the following.
(Mandatory)

- ☐ the employee is not eligible for family/medical leave until _____ (date).
☐ the employee is eligible but has already used the hours allowed in this fiscal year.
☐ the event does not qualify for family/medical leave.
☐ the employee is eligible for family/medical leave **AND** the event does, or could, qualify for family/medical leave. **(The State of Colorado Employer Individual Notice for Family and Medical Leave form must be completed and given to the employee within 2 business days of this request, absent extenuating circumstances.)**
☐ continuation of a previously designated event (continuing treatment or recovery).

I, _____, approve this leave request. Date: _____
Electronic approval or signature of immediate supervisor or designee

I, _____, approve this leave request. Date: _____
Electronic approval or signature of Appointing Authority, designee, FML Coordinator

DEFINITIONS

- Complete definitions of the various types of leave and the rules governing their use are found in Chapter 5 of the State Personnel Director's Administrative Procedures. Additional information and assistance is also available in agency human resources offices.
- The appointing authority is responsible for approving the use and type of leave.
- The employee is responsible for requesting leave as far in advance as possible and providing sufficient information regarding the reason for the leave.
- Please be accurate. State actual dates and times to be charged as leave. Incorrect information may cause errors and delays in processing an employee's request for leave.

LEAVES

Annual Leave - paid leave typically used for personal/vacation purposes. Required to use concurrently when family/medical leave applies.

Sick Leave - paid leave used for an employee's own medical examinations and treatment, physical inability to work due to pregnancy, illness or injury. Required to use concurrently with family/medical leave. A State of Colorado Medical Certification form is required for an absence of more than three consecutive regularly scheduled full working days or approval of sick leave must be denied (per Colorado statute). It may be required for a lesser period.

STD (Short-Term Disability) Leave - After one year of service, granted while STD benefits are being paid and the employee applies for the STD benefit within 30 days of the beginning of the absence or at least 30 days prior to the exhaustion of all accrued sick leave. Must complete a waiting period or exhaust all accrued sick leave, whichever is longer. During the waiting period, required to use sick leave and annual leave.

Unpaid Leave - The appointing authority may approve unpaid leave. This may result in an adjustment to the probationary or trial service period and/or to the service date.

Administrative Leave - paid leave used for investigation into an employee's conduct, incentive awards, coursework at a higher education institution directly related to the work, to participate in tests and interviews for state positions, to participate in school or community volunteer activities, or other reasons the appointing authority deems for the good of the state.

Bereavement Leave - Up to 40 hours (5 working days) as determined by the appointing authority for the death of a family member or other person.

Jury Leave - Used when an employee is called to serve jury duty. A copy of the summons for jury duty may be required.

Family/Medical Leave (FML) - After one year of service, up to 520 hours in a fiscal year (prorated for part-time employees) may be used for (1) birth and care of a child, (2) placement and care of an adopted or foster child, (3) a serious health condition of a child, parent, spouse, or (4) the employee's own serious health condition. Use and type of concurrent paid leaves depends on individual circumstances. For additional information, contact the FMLA Coordinator. A State of Colorado Medical Certificate form, as described above under sick leave, is often required.

FML - annual: use of paid accrued annual leave when sick leave is exhausted or does not apply, including caring for a new child.

FML - sick: use of paid accrued sick leave for an employee's serious health condition, including childbirth and recovery or for a serious health condition of an employee's parent, spouse, or child.

FML - STD: use of STD leave for a serious health condition when an employee is eligible for STD benefits.

FML - unpaid: use of unpaid leave during family/medical leave when all other applicable paid leaves are exhausted.

FML - holiday: when a holiday occurs during family/medical leave it counts toward the family/medical leave entitlement.

ABSENCE

Compensatory Time - hours earned for approved overtime work by an eligible employee. Compensatory time is an absence from the work place, but is not a form of leave.