



KDADS's State Hospital Application for Leave

Name: _____ Employee ID #: _____

Earnings Code Definitions: Vacation (VAC); Sick (SCK); Discretionary Day (DDY); Funeral (FNL); Military Leave (MIL); Jury Duty (JRY); Leave Without Pay (LWP); Donor Leave (DON); Comp Time Taken (CMT); and Holiday Comp Time Taken (HCT).

	Sun	Mon	Tue	Wed	Thur	Fri	Sat	Sun	Mon	Tue	Wed	Thur	Fri	Sat
Date														
Earn Code														
# Hrs														
AM/PM														

Sick Leave: A medical certificate from attending physician or designated physician may be requested by supervisor or hospital administrator.

FMLA (Family Medical Leave Act): Leave time designated as FMLA should be noted on the "Coverage/Comments: line below and a copy of leave request sent to Human Resources.

Jury Duty: Submit a copy of the subpoena or jury duty letter to the Human Resources.

Donor Leave: Attach appropriate documentation

Funeral Leave: Attach appropriate documentation.

Relationship of deceased _____

Date of Funeral _____

Location (City/State) _____

Note: In requesting vacation, sick, or the use of accumulated holiday time, I understand that if the number of hours worked during the week in which such leave is requested exceed the hours regularly scheduled, the number of leave hours requested may be reduced equivalent to the hours worked.

Coverage/Comments: _____

Leave balances have been verified before requesting leave.

Signature of Employee

Date Requested

*Leave Approved: Yes: _____ No: _____

*Leave Authorized Yes: _____ No: _____

Signature of Services Director/Supervisor

(Date)

Coverage/Comments: _____

*Leave approved for pay if balances are accrued. Leave authorized adheres to KDADS's hospital policies.

Copies To: Human Resources
Supervisor