BALDWIN WALLACE UNIVERSITY APPLICATION FOR LEAVE REQUEST

(Sick/Vacation does not accrue during leave)

Employee Name:		SS#: XXX-XX
Department:	FT Hire Date _	PT Hire Date
Dates of Absence (month, day, and y	ear) From:	To :
Birth/Adoptic	ess s (Spouse, Depend on/Foster Care s must be applied toward	ent Child, Employee's Parent) I time taken for Family Medical Leave.
	Available Ill-Time employmen	Vacation Hours Available t eligibilty met
Parental Leave From: Two years F	To: ull-Time employme	
Personal, Non-Medical	Leave	

- Short-term disability coverage begins on the 16th scheduled work day of continuous absence, or, on the day after accumulated sick leave ends, if later. Separate absences within a one-month period will be treated as one absence.
- Vacation time may be used to ensure 100% pay. Total leave time (Sick, Vacation, Short-term, Parental) must not exceed six (6) months.
- Short-term disability hours allowed will be added to your next payroll check and paid at 70% of your base rate. Short-term disability payments are subject to all taxes. Shortterm information must be submitted on a 30-day basis even if the doctor's statement goes beyond 30 days.
- Parental Leave may be taken up to 3 months after the physician's release to return to work. The first 6 week period will be paid at 50% of salary, the remaining time may be added without pay.

* PLEASE ATTACH A PHYSICIAN'S STATEMENT ON THEIR OFFICIAL LETTERHEAD INDICATING A RETURN TO WORK DATE.

Supervisor Signature		Employee	Employee Signature	
Date		Date	<u> </u>	
	Leave Approved		Leave Not Approved	

****To be included in your next payroll check, this form must be received (with Physician's statement attached) in the Payroll Services Office by Friday of the preceding payday (bi-weekly) or by the 15th of the pay month (monthly). ****