



# REQUEST FOR EXTENDED LEAVE OF ABSENCE

(More than 30 Calendar Days)  
REQUIRING HUMAN RESOURCES APPROVAL



NAME MDID NUMBER DATE:  
 DEPARTMENT NAME QUAL #  
 BEGINNING DATE ENDING DATE  
 STATUS DEPARTMENT TEL. #

CHECK TYPE OF DUTY OR LEAVE: INSERT # OF DAYS/HOURS IN LEAVE CATEGORY  
 (Department will report hours in Time & Attendance)

Review the requirements/conditions for the requested leave category at [http://www.mdc.edu/hr/employee handbook/leavetypes.asp](http://www.mdc.edu/hr/employee%20handbook/leavetypes.asp)  
 Faculty should also review Article 12 of the UFMDC Agreement at: [http://www.mdc.edu/contract/UFMDC MDC Contract 2005\\_08 final.pdf](http://www.mdc.edu/contract/UFMDC%20MDC%20Contract%202005_08%20final.pdf)

**ENTER TOTAL NUMBER OF WORK DAYS/HOURS FOR EACH TYPE**

**DAYS HOURS**

- \* PROFESSIONAL LEAVE WITH PAY
- \* PROFESSIONAL LEAVE WITHOUT PAY
- \* MILITARY  
(ATTACH COPY OF ORDERS, >17 DAYS)
- \* PERSONAL LEAVE
- \* ADMINISTRATIVE LEAVE (SUBPOENA)
- \* SICK LEAVE POOL  
(DOCTOR'S STATEMENT MUST BE ATTACHED)
- SUSPENSION

**ARE YOU REQUESTING FMLA LEAVE?**

Yes No

**DAYS HOURS**

- SICK LEAVE WITH PAY
- SICK LEAVE WITHOUT PAY
- VACATION
- PERSONAL LEAVE WITHOUT PAY
- PSAL
- DONATED SICK LEAVE

**Total # of work days (to be determined by (Benefits)**

\* Explanation, documentation and/or leave plan needed.

EXPLANATION OF REQUEST:

Signature of Employee

**RECOMMENDED FOR APPROVAL:**

Supervisor	Chairperson/Director	Dean/Vice Provost	Area Head	College President or Designee
Date:	Date:	Date:	Date:	Date: