

# MSU DENVER Leave/Absence Request and Authorization

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

Name: \_\_\_\_\_

MSU DENVER ID: \_\_\_\_\_

Department & Division: \_\_\_\_\_

Work #: \_\_\_\_\_

**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 Benefits Manager at (303)-605-5321.

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 before each applicable reason (More information may be required).**

**Actual Dates and Times**

From	To	#Hrs.	
_____	_____	_____	<b>Vacation</b> (not related to care/treatment of a medical condition or bonding with a new child).
_____	_____	_____	<b>Medical</b> 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.
_____	_____	_____	<b>Other</b> (explain reason and relationship, e.g., bonding, funeral, jury, adoption, administrative leave).

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_ **Check Here if Form Amended**

**To be Completed by Appointing Authority (or designee)**

- |                    |                     |                             |
|--------------------|---------------------|-----------------------------|
| _____ Annual       | _____ FML – unpaid  | _____ Unpaid Leave          |
| _____ Sick         | _____ FML – holiday | _____ Administrative Leave  |
| _____ STD          | _____ Jury          | _____ Voluntary Furlough    |
| _____ FML – annual | _____ Bereavement   | _____ Comp. Time            |
| _____ FML – sick   | _____ Military      | _____ Other (specify) _____ |

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 for 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).

Approved by \_\_\_\_\_ Date \_\_\_\_\_  
Immediate Supervisor or Designee Signature

Approved by \_\_\_\_\_ Date \_\_\_\_\_  
Appointing Authority, Designee, FML Coordinator Signature

# 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 are 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** – Up to 5 days for local or 15 days for national emergencies per fiscal year for employees who are certified disaster service volunteers of the Red Cross; up to 90 days after military leave is exhausted for active military service or up to 15 days in a fiscal year when qualified volunteers or members of the Civil Air Patrol are directed to report during a declared emergency; 2 hours to participation in general elections; 2 days per fiscal year for organ transplant donations, or other reasons the appointing authority deems for the good of the state.

**Bereavement Leave** - Up to 40 hours to make arrangements for, Travel to, attend funeral services or to grieve the loss of family members or others. It does not cover settlement of an estate. Amount of time granted is based on relationship and distance and travel mode of transportation required. Obituary notice maybe required.

**Jury Leave** - Used when an employee is called to serve jury duty. A copy of the summons for jury duty is 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 - LWOP:** 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 workplace but is not a form of leave.

**Military Leave** – up to 15 work days in a fiscal year for permanent employees who are members of The National Guard, Military Service, or National Disaster Medical Service. A copy of orders is required.