

## APPLICATION FOR LEAVE

NAME:	
WORK UNIT/SECTION:	DIVISION:
I AM MAKING APPLICATION FOR THE FOLLOWING LEAVE WITH PAY:	
Hours Annual Hours Annual (exhaustion of SL) Hours Military Hours Witness/Jury Service	Hours Sick Hours Sick (Imm. Family) Hours Sick (Death in Imm. Family) Hours Grievance Prep/Hearing
I AM MAKING APPLICATION FOR THE FOLLOWING LEAVE WITHOUT PAY:  Personal Without Pay  I understand that if I do not return at the expiration of an approved leave of absence, my employment may be terminated, unless an extension has been approved in advance.	
PERIOD OF LEAVE: FROM Date:	X A.M. X P.M.
FROM Date: TO Date:	<del></del>
EMPLOYEE SIGNATURE:	APPLICATION DATE:
□ Approved IMMEDIATE SUPERVISOR SIGNATURE and DATE: □ Disapproved	
☐ Approved AGENCY-AUT	HORIZED SIGNATURE and DATE:
□ Disapproved	
REMARKS (In addition to any pertinent remarks, please also use this space to note relationship if using sick leave for a family member's illness, dental/medical appointment, or death):	
<ul> <li>A Physician's/Practitioner's Statement is required after 3 consecutive working days of sick leave.</li> <li>Sick leave used for immediate family members is limited to 80 hours per calendar year.</li> </ul>	
• A maximum of 3 days of sick leave may be used for each occurrence of a death in the employee's immediate family. Consists of parents, children, siblings, spouse, parents-in-law, children-in-law, grandparents, grandchildren, step-parents, step-siblings, stepchildren, foster children, individuals in an in loco parentis relationship and individuals in a legal guardianship relationship.	
<ul> <li>When witness/jury service leave or military leave is used, you must submit copies of the appropriate subpoena, summons, or military orders, according to WVMA rules and policies.</li> </ul>	
<ul> <li>An official order from the appropriate military officer m leave of absence without pay.</li> </ul>	ust be attached when requesting a military

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