

Application for Leave

Name of Employee: _____ MSU ID No: _____

Department/County: _____

Department Phone Number: _____ Mailstop: _____

Note to Employee: It is the responsibility of each employee to use earned leave time in accordance with University policy. **A Medical Certification form must be attached to the Application for Leave or Application for Leave of Absence Without Pay when an absence due to illness exceeds 32 hours (eight hours of personal leave plus 24 hours of medical leave) or if you are requesting Family and Medical Leave (FMLA) for childbirth; placement of a child; or the serious health condition of yourself, child, spouse or parent.** You should complete Section A and your medical provider should complete the applicable areas under Section B of the Medical Certification form. To request a leave of absence without pay, complete an Application for Leave of Absence Without Pay form and submit it to your department/unit head.

Type and Period of Leave Requested: For each workday leave is requested, enter the type of leave (see types of leave below), total number of hours requested, and the beginning and ending dates/times.

PERS Personal Leave (available to all employees except nine month faculty)	FMPS Personal Leave/Short Illness (personal leave being used concurrently with FMLA)	FMMM Major Medical Leave (major medical leave being used concurrently with FMLA after the first eight hours of illness)
FMPL Personal Leave (personal leave being used concurrently with FMLA)	MMED Major Medical Leave (hours used by all employees except nine month faculty after first eight hours of illness)	MMDF Major Medical Leave/Death in the Immediate Family (per occurrence)
PLSI Personal Leave/Short Illness (for use by all employees except nine month faculty for first eight hours of illness)	MMD9 Major Medical Leave 9 Months (hours used by nine month faculty for all hours of illness)	MILT Military Leave

Type	No. of Hours(s)	Beginning Date/Time	Ending Date/Time
_____	_____	_____/_____/_____ mm/dd/yy Hour _____	_____/_____/_____ mm/dd/yy Hour _____
_____	_____	_____/_____/_____ mm/dd/yy Hour _____	_____/_____/_____ mm/dd/yy Hour _____
_____	_____	_____/_____/_____ mm/dd/yy Hour _____	_____/_____/_____ mm/dd/yy Hour _____
_____	_____	_____/_____/_____ mm/dd/yy Hour _____	_____/_____/_____ mm/dd/yy Hour _____

Major Medical Leave taken for _____ self or _____ family member (specify) _____

Signature of Employee: _____ Date: _____

A copy of leave policies may be obtained from department/unit heads, Human Resources Management or on the web at <http://www.msstate.edu/dept/audit/mainindex.html>

This form should be forwarded to the Department of Human Resources Management (Mailstop 9603), Box 9603, Miss. State, MS 39762, if the department is not keying leave online in Banner.

This application for leave is approved for the purpose and period of time indicated.

Name and Title (Please Print): _____

Signature: _____ Date: _____

Name and Title (Please Print): _____

Signature: _____ Date: _____