



CENTRAL WASHINGTON UNIVERSITY

REQUEST FOR OR REPORT OF ABSENCE

<b>NAME</b>		<b>DEPARTMENT</b>	
<b>LEAVE BEGINNING</b>		<b>LEAVE ENDING</b>	
____ HOUR	A.M. P.M.	____ DATE	____ HOUR
____ HOUR	A.M. P.M.	____ DATE	____ HOUR
<b>TOTAL HOURS REQUESTED:</b> _____		<b>REGULAR WORK SHIFT:</b> (Include Lunch Break) _____	
<b>TYPE OF LEAVE REQUESTED</b>			
<b>Non-Represented CLASSIFIED STAFF:</b>		<b>EXEMPT STAFF:</b>	
<input type="checkbox"/> ANNUAL LEAVE (170)		<input type="checkbox"/> ANNUAL LEAVE (171)	
<input type="checkbox"/> ACCRUED SICK LEAVE (180)		<input type="checkbox"/> ACCRUED SICK LEAVE (181)	
<input type="checkbox"/> CYCLIC-YEAR LEAVE (350)		<input type="checkbox"/> SICK LEAVE CONVERSION BANK (186)	
<input type="checkbox"/> LEAVE WITHOUT PAY (420)		<input type="checkbox"/> NON-ACCRUED LEAVE PLAN (187)	
<input type="checkbox"/> LWOP FMLA / L&I (430)		<input type="checkbox"/> CYCLIC-YEAR LEAVE (350)	
<input type="checkbox"/> PERSONAL HOLIDAY (300)		<input type="checkbox"/> LEAVE WITHOUT PAY (420)	
<input type="checkbox"/> BEREAVEMENT (240)		<input type="checkbox"/> LWOP FMLA / L&I (430)	
<input type="checkbox"/> BEREAVEMENT/SICK LEAVE (180)		<input type="checkbox"/> PERSONAL HOLIDAY (301)	
<input type="checkbox"/> HOLIDAY EQUIVALENT TIME (156)		<input type="checkbox"/> BEREAVEMENT (241)	
<input type="checkbox"/> JURY DUTY (250)		<input type="checkbox"/> JURY DUTY (251)	
<input type="checkbox"/> MILITARY (230)		<input type="checkbox"/> MILITARY (231)	
<input type="checkbox"/> COMP TIME TAKEN (190)		<input type="checkbox"/> COMP TIME TAKEN (191) <i>(OT eligible only)</i>	
<input type="checkbox"/> OTHER PAID LEAVE (346) Identify in comments section		<input type="checkbox"/> OTHER PAID LEAVE (349) (Contact HR before Other Paid Leave is approved. Once approved, identify in comments section.)	
<b>INDICATE IF ABSENCE IS FOR:</b> (Send copy of form to HR)			
<input type="checkbox"/> FMLA (Paid or LWOP)		<input type="checkbox"/> Pregnancy Disability	
<input type="checkbox"/> Parental Leave		<input type="checkbox"/> Family Care Emergency	
<input type="checkbox"/> L&I (Worker's Comp)		<input type="checkbox"/> Inclement Weather	
<b>COMMENTS</b>			
_____ SIGNATURE OF EMPLOYEE		_____ DATE SIGNED	
<b>ACTION</b>			
LEAVE <input type="checkbox"/> RECOMMENDED		<input type="checkbox"/> NOT RECOMMENDED	
_____ SIGNATURE		_____ DATE	
LEAVE <input type="checkbox"/> APPROVED		<input type="checkbox"/> NOT APPROVED	
_____ SIGNATURE		_____ DATE	
RECORDED ON TIME REPORT BY:		DATE RECORDED:	

**Annual Leave and Sick Leave Accrual**

Leave is earned at the end of each month of service. Leave may be used on the first day of the month following the month for which it was accrued. Employees working less than full-time accrue leave credit on the same prorata basis as their employment bears to full-time. (For example, at the end of each month of service, a half-time employee accrues 4 hours of sick leave and one-half the number of hours of annual leave shown in the annual leave accrual chart below.)

**Annual Leave Accrual**

At the end of each month of service, a full-time classified employee accrues the number of hours of vacation leave credit as shown in the chart below.

Year of Employment	Hours Accrued Monthly	Year of Employment	Hours Accrued Monthly
1	8.00	12	12.00
2	8.67	13	12.67
3 & 4	9.33	14	13.33
5 - 7	10.00	15	14.00
8 - 10	10.67	16	14.67
11	11.33		

Full-time exempt are credited with 14.67 hours of annual leave at the end of each qualifying month of service.

**Sick Leave Accrual**

At the end of each month of service, a full-time classified employee and a full-time exempt employee covered under the sick leave accrual plan accrue 8 hours of sick leave credit.

**Reporting Leave**

All leave must be reported in hours. Minutes are to be reported as a decimal fraction of the hour. For example:

Leave hours/minutes	=	Report as Decimal Fraction of Hour
8 hours	=	8.00 hours
4 hours	=	4.00 hours
1 hour	=	1.00 hour
45 minutes	=	.75 hour
30 minutes	=	.50 hour
15 minutes	=	.25 hour
10 minutes	=	.17 hour
5 minutes	=	.08 hour