



CENTRAL WASHINGTON UNIVERSITY

REQUEST FOR OR REPORT OF ABSENCE  
REPRESENTED CLASSIFIED STAFF

NAME _____		DEPARTMENT _____	
LEAVE BEGINNING		LEAVE ENDING	
_____ HOUR	_____ A.M. P.M.	_____ DATE	_____ HOUR
TOTAL HOURS REQUESTED: _____		REGULAR WORK SHIFT: _____ (Include Lunch Break)	
TYPE(S) OF LEAVE REQUESTED			
<input type="checkbox"/> ANNUAL LEAVE (170)		<input type="checkbox"/> CYCLIC-YEAR LEAVE (350)	
<input type="checkbox"/> COMP TIME TAKEN (190)		<input type="checkbox"/> LEAVE WITHOUT PAY (420)	
<input type="checkbox"/> PERSONAL HOLIDAY (300)		<input type="checkbox"/> LWOP FMLA / L&I (430)	
<input type="checkbox"/> HOLIDAY EQUIVALENT TIME (156)		<input type="checkbox"/> MILITARY LEAVE (230)	
<input type="checkbox"/> ACCRUED SICK LEAVE (180)			
<input type="checkbox"/> Employee <input type="checkbox"/> Family Member			
<input type="checkbox"/> Illness <input type="checkbox"/> Appointment:			
<input type="checkbox"/> Medical <input type="checkbox"/> Dental <input type="checkbox"/> Optical			
Time: _____		City: _____	
MISCELLANEOUS LEAVES – (See Contract – Article 32 – Misc. Paid Leave)			
<input type="checkbox"/> BEREAVEMENT – Family Member (240)		<input type="checkbox"/> JURY DUTY (250)	
<input type="checkbox"/> BEREAVEMENT / SICK LEAVE - Family Member (180)			
<input type="checkbox"/> OTHER PAID LEAVE (346) Identify in comments section			
ABSENCE IS FOR (Send copy of form to HR):			
<input type="checkbox"/> FMLA		<input type="checkbox"/> Inclement Weather	
<input type="checkbox"/> L&I (Worker’s Compensation)		<input type="checkbox"/> Pregnancy Disability	
<input type="checkbox"/> Childcare Emergency			
COMMENTS/EXPLANATION			
_____ 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		

**Sick Leave Accrual**

At the end of each month of service, a full-time classified employee covered under the sick leave accrual plan will 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

**Regular Work Shift**

Show typical hours worked, including normal lunch break.

For example: 8:00 to 12:00, 1:00 to 5:00  
6:00 to 10:00, 10:30 to 2:30