

ABSENCE REPORT AND ADVANCE REQUEST FOR LEAVE
[]APC []CBA []FTP []NPS []PHC []T.L.C.
All employees must complete this form if away from work area 15 minutes or more.

Employee's Name: _____ S.S. Number: _____ Office Location: _____

Job Title: _____ Hired: [] Full-time or [] Part-time @ _____ hrs @ week.

Hire Date: _____ Benefit Accrual Date _____ Supervisor's Name: _____

Leave Requested: When possible, form must be approved by Supervisor (s) before the leave is taken.

UA _____ Unapproved & Unpaid Absence, violation of Attendance Policy (Explanation to be attached) subject to counseling

H _____ Holiday (When Holiday must be taken on another day)

JD _____ Jury Duty (Attach the Original jury summons and submit with this form before Jury Duty)

BL _____ Bereavement leave for (name) _____ Relationship to Employee: _____

PL _____ Personal Leave (For Supervisors only: Remaining hours before this request _____)

VAC _____ Vacation Leave (Remaining hours before this request _____ hrs.) **Must be approved in writing 30 days prior.**

SL _____ Sick leave (Remaining hours before this request: _____ hrs.) Also note that Illness of 3 or more days will

Require a Release from the employees attending physician before allowed to clock-in and return to work.

(Employee must attach Release To Return to Work documentation from the Physician)

CS _____ Change in Schedule from: _____ to _____ Reason _____

FMLA _____ Use only after Human Resources approval for FMLA. (No need to mark other leave options.)

OAL _____ Other Approved Leave (Requires written approval from Corporate President/Administrative Assistant)

I believe I may qualify for FMLA-Job Protected Leave.

Explain Reason For Leave : _____

Out from: (date) ____ / ____ / ____ at _____ a.m./p.m. Returning: ____ / ____ / ____ (date) at _____ a.m./p.m.

Month Leave is requested for: _____

EX	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15
8 SL															
16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

I understand I must notify the Personnel Department at the Harlingen Corporate Office at (956) 412-0220 of any anticipated or unanticipated medical absences or absences of three or more days. Failure to do so may jeopardize my employment. I acknowledge that I understand and have received the FMLA policies on hire and upon revision. I also understand Benefit hours will **ONLY** be paid if the approved form is submitted with corresponding pay period; otherwise this will be reflected on my paycheck. Supervisors/Office Managers must submit this Original form with the office employees Time Card. Nurses are also required to staple the completed, signed, and approved ORIGINAL Absence Report and Advance Request For Leave, for any period of time of **15** minutes or more, with the Activity Log & Time Sheet that corresponds to the same day.

Employee's Signature: _____ **Date Submitted For Approval:** _____

Supervisor or designee must **a)** ensure that approval of this leave does NOT violate any agency policy, **b)** if need be, consult with/or seek the approval of the appropriate Director, VP, or Administrative Assistant before signing this form **c)** distribute appropriately to Payroll to verify benefits **and** to the Human Resources Department at Corporate Office to review and file in the Employee's Medical File maintained by Human Resources. **Supervisor/Office Manager must ensure that all appropriate documentation, i.e., FMLA forms, and/ or Return to Work Physical Capacity Report form from the Doctor are received, faxed to Corporate Human Resources for approval, before allowing the employee to clock-in to work.**

Supervisor's Review & Approval: _____ **Date Approved:** _____

Referred to President/Administrative Assistant for Consultation: Date Referred: _____ Time: _____

President's/Administrative Assistant's Approval: _____ Date: _____ Fax copy to supervisor; original to payroll

[] Faxed to _____ payroll in Harlingen @ (956) _____ on _____ Date, by _____.

[] Faxed to _____ in Corporate Personnel Dept. in Harlingen at (956) 365 - 4808 on date by: _____

[] Faxed to Home Office: Attention : _____ @ _____ (fax #) on _____ date.

[] Original Mailed to Corp. Payroll Supervisor with Activity Log & Time Sheet or Time Card on _____ date.