

**ARCHITECT OF THE CAPITOL
APPLICATION FOR LEAVE OR APPROVED ABSENCE**

1. NAME (Last, First, Middle Initial)	2. SOCIAL SECURITY NUMBER (OPTIONAL)
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3. ORGANIZATION

4. TYPE OF LEAVE/ABSENCE <small>(Check appropriate box(es) below.)</small>	From:	DATE To:	From:	TIME To:	TOTAL HOURS	5. FAMILY AND MEDICAL LEAVE
<input type="checkbox"/> Accrued Annual Leave <input type="checkbox"/> Restored Annual Leave <input type="checkbox"/> Advanced Annual Leave Attach justification for the advancement of annual leave						If annual leave, sick leave, or leave without pay will be used under the Family and Medical Leave Act (CAA provisions), please provide the following information: <input type="checkbox"/> Birth/Adoption/Foster Care <input type="checkbox"/> Serious Health Condition of Spouse, Son, Daughter, or Parent <input type="checkbox"/> Serious Health Condition of Self Contact your supervisor and/or the Human Resources Office to obtain additional information about your entitlements, required supporting medical documentation, and/or other responsibilities under the Family and Medical Leave Act (CAA provisions).
<input type="checkbox"/> Accrued Sick Leave <input type="checkbox"/> Advanced Sick Leave Purpose: <input type="checkbox"/> Illness/injury/incapacitation of requesting employee <input type="checkbox"/> Medical/dental/optical examination of requesting employee <input type="checkbox"/> Care of family member/bereavement, including medical/dental/optical examination of family member <input type="checkbox"/> Care of family member with a serious health condition <input type="checkbox"/> Other Attach justification and medical documentation for the advancement of sick leave						
<input type="checkbox"/> Time Off Award						
<input type="checkbox"/> Leave Without Pay						
<input type="checkbox"/> Other Paid Absence (Court, Military, Administrative Leave, Early Closure Equiv.)						

7. **CERTIFICATION:** I hereby request leave/approved absence from duty as indicated above and certify that such leave/absence is requested for the purpose(s) indicated. I understand that I must comply with AOC's procedures for requesting leave/approved absence (and provide additional documentation, including medical certification, if required) and that falsification of information on this form may be grounds for disciplinary action, including removal.

EMPLOYEE SIGNATURE _____ DATE _____

8. **OFFICIAL ACTION ON REQUEST:** **APPROVED** **DISAPPROVED**
(If disapproved, give reason. If annual leave, initiate action to reschedule.)

SUPERVISOR SIGNATURE _____ DATE _____

9. **JURISDICTION/ORGANIZATION HEAD APPROVAL (for advanced sick or annual leave, court leave, military leave, or LWOP)**
TYPE OF LEAVE/ABSENCE (Check appropriate box(es) below.)

Advanced Annual Leave
 Advanced Sick Leave
 Leave Without Pay
 Other Paid Absence (Court, Military, Administrative Leave)
 Appropriate Justification and/or Documentation Attached

JURISDICTION/ORGANIZATION LEVEL APPROVAL **APPROVED** **DISAPPROVED** (If disapproved, give reason)

Signature _____ Date _____

Leave Guidelines

Annual Leave is designed to provide for vacation periods of rest and relaxation and to provide time off for personal business and family needs. Annual leave must be scheduled and approved in advance by the designated official in the organization, generally the first-line supervisor.

Advanced Annual Leave may be authorized only with the approval of designated official in the organization, provided that the amount of annual leave advanced does not exceed the amount of leave which will be earned during the remainder of the current leave year.

Sick Leave may be used when you:

- receive medical, dental, or optical examination or treatment;
- are incapacitated by physical or mental illness, injury, pregnancy, or childbirth;
- would, because of exposure to a communicable disease, jeopardize the health of others by your presence on the job; or
- must be absent from work for adoption-related activities.

Expanded Use of Sick Leave is the use of a limited amount of sick leave to:

- provide care for a family member as the result of physical or mental illness, injury, pregnancy, childbirth or medical, dental, or optical examination or treatment; or
- make arrangements necessitated by the death of a family member or attend the funeral of a family member.

Full-time employees may use up to 40 hours (5 work days) of sick leave each leave year for these purposes regardless of their sick leave balance. An additional 64 hours (8 work days) of sick leave may be used each year if the employee maintains a balance of at least 80 hours of sick leave in his or her account. An employee may only be advanced the first 40 hours of sick leave.

Full-time employees may use **up to a total of 480 hours** (12 work weeks) of sick leave each leave year to care for a family member with a serious health condition. Part-time employees are entitled to these sick leave benefits on a pro-rated basis. See AOC Human Resources Manual, Chapter 630, Absence and Leave, Section VIII. F. for additional information.

Advanced Sick Leave may be authorized only by Jurisdiction Heads or above. The maximum amount of sick leave that may be advanced is 240 hours.

Family and Medical Leave is the entitlement to a total of 12 administrative workweeks of unpaid leave (LWOP) during a 12-month period for:

- the birth of a son or daughter and care of the newborn within the first year;
- the placement of a son or daughter with you for adoption or foster care;
- the care of your spouse, son, daughter, or parent with a serious health condition; and
- your own serious health condition that makes you unable to perform the duties of your position.

Please consult with a Human Resources Advisor, X60750, for complete provisions on this category of leave.

Court Leave is to serve as a juror, or a witness on behalf of a governmental organization, and is approved by the designated official in the organization. Court leave may not be approved to serve as a litigant, defendant, or witness for a private party.

Military Leave for reserve duty is approved by the designated official in the organization.

Leave Without Pay is approved, unpaid absence from work. LWOP in lieu of annual leave in excess of 24 duty hours is approved only by Jurisdiction Heads or above, except for the use of LWOP in conjunction with a workers' compensation claim.