

EMPLOYEE ACTIVITY REQUEST FORM

Employee Name: _____

Dept: _____

Section 1. Type of Request

- | | |
|---|--|
| <input type="checkbox"/> Leave of Absence (select type below) | <input type="checkbox"/> JV Vacation/PTO (complete Section 2) |
| <input type="checkbox"/> Personal /General Leave - not eligible for FMLA | <input type="checkbox"/> JB Bereavement (complete Section 2) |
| <input type="checkbox"/> FMLA: Complete FMLA Form A | <input type="checkbox"/> JP Personal Day (complete Section 2) |
| <input type="checkbox"/> Special FMLA to care for military personnel {Form A} | <input type="checkbox"/> JJ Jury Duty (complete Section 2) |
| <input type="checkbox"/> General Medical Leave | <input type="checkbox"/> JW Witness Leave (complete Section 2) |
| <input type="checkbox"/> Education | <input type="checkbox"/> JS Sick/EIB (complete Section 2) |
| <input type="checkbox"/> Military | <input type="checkbox"/> JO Other _____ |

Section 2. Must be completed for V, B, P, J, W, S and O Codes from Section 1

Indicate First Choice of dates:

From: _____
To: _____
Days: ____ or ____ hours if <1 full day

Second Choice: for V and P only

From: _____
To: _____
Days: ____ or ____ hours if <1 full day

Special circumstances in connection with any of the above: _____

If Personal Leave of Absence or General Leave, is paid leave requested? Vacation _____ Sick _____

Section 3. Supervisor's Response For V, B, P, S and O

I have reviewed the circumstances surrounding this leave request. The leave is hereby:

Granted Approved Dates: _____
or Approved # Hours _____

Denied Reason: _____

Leave Pay Status: Vacation/PTO _____ Sick/EIB _____ Unpaid _____
 Combination Paid/Unpaid _____

Supervisor/Authorized Signature _____ Date _____

Section 4. Holiday Request (Not applicable for PTO facilities)

Holiday Requested _____ Date/Shift Worked _____

- I elect to be paid at 1½ times my base rate for the shift shown above per hospital policy.
- I elect to be paid at my regular rate for the holiday and will request another day off within 90 days, subject to my annual holiday eligibility. I plan to use my alternate day off on _____.
- I am not scheduled to work on this holiday, but I am entitled to Holiday Pay. I would like to take _____ off as my holiday and be paid 8 hours holiday pay for this day.

Supervisor/Authorized Signature _____ Date _____

Section 5. Donation of Paid Leave

I wish to donate _____ accrued Vacation Hours (Limited to 24 hours)
to _____ (Employee Name).

Human Resources Director _____ Chief Executive Officer _____

For Administrative Use Only re Donation of Paid Leave:

Donor Debited _____ Initials Recipient Credited _____ Initials Hours Returned to Donor _____ Initials

Employee Signature/Certification _____ Date _____

01/2009 (rev)