

APPLICATION FOR LEAVE SF-6 (R 12-04)		AGENCY _____	
Employee Name _____	I request _____ hours of leave.	From: _____ <input type="checkbox"/> AM <input type="checkbox"/> PM	To: _____ <input type="checkbox"/> AM <input type="checkbox"/> PM
Chargeable Leave Request		FMLA: <input type="checkbox"/> Self <input type="checkbox"/> LWOP	
<input type="checkbox"/> Annual <input type="checkbox"/> Straight Compensatory	<input type="checkbox"/> Sick <input type="checkbox"/> Time and One-Half Compensatory	<input type="checkbox"/> Family	<input type="checkbox"/> Unpaid
Non-Chargeable Leave Request		EDUCATIONAL: SPECIAL:	
<input type="checkbox"/> Funeral	<input type="checkbox"/> Job Related	<input type="checkbox"/> Act of God	<input type="checkbox"/> Office Closure
<input type="checkbox"/> Jury Duty	MILITARY: (max. 15 days per year)	<input type="checkbox"/> Civil Air Patrol	<input type="checkbox"/> American Red Cross
<input type="checkbox"/> Hazard Duty (law enf)	<input type="checkbox"/> Active	<input type="checkbox"/> Emergency Civilian	<input type="checkbox"/> Voting
<input type="checkbox"/> Other _____ (Explain in "Comments" Section)	<input type="checkbox"/> Training		
<input type="checkbox"/> Physical			
Comments			
I CERTIFY THAT MY ABSENCE FROM DUTY WAS FOR THE REASON NOTED			
Employee Signature _____	Date _____	Approved by and Title _____	

Leave Definitions

<p>Absence Leave Request: <u>Annual:</u> leave with pay granted an employee for the purpose of rehabilitation, restoration and maintenance of work efficiency, or transaction of personal affairs.</p> <p><u>Sick:</u> leave with pay granted an employee who is suffering with a disability which prevents him from performing his usual duties and responsibilities or who requires medical, dental or optical consultation or treatment.</p>	<p><u>Straight Compensatory:</u> overtime leave earned by employees exempt from federal Wage and Hour laws when they have physically worked hours in excess of their regular schedule.</p> <p><u>Time and One-Half Compensatory:</u> overtime leave earned by employees who are non-exempt under federal Wage and Hour laws when they have physically worked hours in excess of their regular schedule.</p> <p><u>LWOP:</u> Leave Without Pay</p>	<p><u>FMLA:</u> (Family and Medical Leave Act) approved absence available to eligible employees for up to 12 weeks of leave per year for certain family and medical reasons.</p> <p><u>Self:</u> for employee's own serious health condition.</p> <p><u>Family:</u> an immediate family member (spouse, child or parent) with a serious health condition.</p> <p><u>Unpaid:</u> when paid leave (annual/sick) is exhausted or cannot be used under specific circumstances.</p>
<p>Non Chargeable Leave Request: <u>Funeral:</u> leave granted when attending the funeral or burial rites of a parent, step-parent, child, step-child, brother, step-brother, sister, step-sister, spouse, mother-in-law, father-in-law, grand-parent or grand-child, provided such time off shall not exceed two days on any one occasion.</p> <p><u>Jury Duty:</u> summoned to perform jury duty.</p> <p><u>Hazard Duty (law enf):</u> granted when an employee engaged in law enforcement work is disabled while in the performance of duty of a hazardous nature and because of such disability is unable to perform his usual duties. (Civil Service Rule 11:21.1)</p> <p>OTHER Any other special or non-chargeable leave request as provided in Chapter 11 of the C.S. Rules.</p>	<p>EDUCATIONAL <u>Job Related:</u> leave granted to attend a course that is relevant to job.</p> <p>MILITARY (maximum 15 days per year) <u>Active:</u> leave granted when called to active military duty.</p> <p><u>Training:</u> annual training or active duty for training (weekend drills).</p> <p><u>Physical:</u> leave granted to conduct mandatory physical to enlist in military.</p> <p>SPECIAL <u>Act of God:</u> appointing authority determines the employee is prevented by an act of God from performing duty.</p>	<p><u>Civil Air Patrol:</u> a member of Civil Air Patrol ordered to perform duty with troops or participate in field exercises or training. Leave shall not exceed 15 working days in any one calendar year.</p> <p><u>Emergency Civilian:</u> performing emergency civilian duty in relation to national defense.</p> <p><u>Office Closure:</u> leave granted due to local conditions which prevent the employee from attending work.</p> <p><u>American Red Cross:</u> leave granted for a period not to exceed 15 work days in any calendar year to participate in American Red Cross relief services in Louisiana for disasters designated as Level III or above in the American Red Cross Regulations and Procedures. Must be certified as a Trained Disaster Volunteer and approved by appointing authority.</p> <p><u>Voting:</u> leave granted when voting in a primary, general or special election which falls on regular scheduled work days, provided not more than two hours of leave shall be allowed to vote in the parish where he is employed and not more than one day to vote in another parish.</p>