

CLARK ATLANTA UNIVERSITY

STAFF EMPLOYEE ABSENCE REPORT

GUIDELINES FOR COMPLETING AND SUBMITTING LEAVE FORM

Employee: Complete, sign and attach document (if applicable) to this leave form and submit to your manager/department head.

Manager/Department Head: Your signature authorizes approval for the designated days off. **Please submit the original form to the Payroll Department for processing.** *Copies may be retained for departmental and employee's records.*

EMPLOYEE ID#	LAST NAME	FIRST NAME	M.I.								
<p>ELIGIBILITY REQUIREMENTS: ANNUAL LEAVE: AFTER 6 MONTHS OF CONTINUOUS EMPLOYMENT SICK LEAVE: AFTER 60 DAYS OF CONTINUOUS EMPLOYMENT PERSONAL LEAVE: AFTER ONE YEAR OF CONTINUOUS EMPLOYMENT</p> <div style="border: 1px solid black; padding: 5px; text-align: center; margin: 10px auto; width: fit-content;"> <p><i>Please check Banner Web for leave balances</i></p> </div> <p>EMPLOYEE RESPONSIBILITY: IT IS THE RESPONSIBILITY OF THE EMPLOYEE TO OBTAIN APPROVAL FROM HIS/HER MANAGER / DEPARTMENT HEAD AND PRE-ARRANGE ANNUAL AND PERSONAL TIME OFF ACCORDING TO THE CAU LEAVE POLICY. IT IS ALSO THE RESPONSIBILITY OF THE EMPLOYEE TO COMPLETE AN ABSENCE REPORT THE FIRST DAY THE EMPLOYEE RETURNS FROM AN UNSCHEDULED ABSENCE, SUCH AS SICK LEAVE.</p> <p>CONDITIONS OF PAID TIME OFF: IF AN EMPLOYEE DOES NOT HAVE ADEQUATE TIME ACCRUED TO COVER HOURS/DAYS ABSENT, THE EMPLOYEE'S CHECK WILL BE DOCKED FOR THOSE HOURS OR PLACED IN A NO-PAY STATUS FOR THAT ABSENCE. PLEASE REFERENCE THE LEAVE BENEFITS POLICY.</p> <p>NON-BENEFIT BASED PART-TIME EMPLOYEES, TEMPORARY AND CONTRACT EMPLOYEES ARE NOT ELIGIBLE FOR PAID LEAVE.</p>											
ALL TIME USED MUST BE REPORTED											
SICK LEAVE		PERSONAL HOURS		ANNUAL LEAVE		JURY DUTY		BEREAVEMENT		MILITARY LEAVE	
START DATE		START DATE		START DATE		START DATE		START DATE		START DATE	
END DATE		END DATE		END DATE		END DATE		END DATE		END DATE	
TOTAL HRS		TOTAL HRS		TOTAL HRS		TOTAL HRS		TOTAL HRS		TOTAL HRS	
BEREAVEMENT LEAVE (<i>PLEASE STATE RELATIONSHIP</i>)											
MILITARY LEAVE:		START DATE:		END DATE:				(PLEASE ATTACH ORDERS)			
FAMILY MEDICAL LEAVE (FMLA): CHARGE TO SICK LEAVE:						ANNUAL LEAVE:					
COMMENTS											
_____ Employee's Signature						_____ Date					
_____ Manager/Department Head Signature				_____ Department				_____ Date			