

# G. A. CARMICHAEL FAMILY HEALTH CENTER, INC.

(FORMERLY MADISON-YAZOO-LEAKE FAMILY HEALTH CENTER, INC.)

## LEAVE REQUEST /REPORT FORM

Name: \_\_\_\_\_

Center: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

### DEPARTMENT

- Medical
- Dental
- WIC
- Social Service
- Administrative
- Facilities
- Front Desk
- Medical Records

### TYPE LEAVE REQUESTED

- Vacation/Annual
- Bereavement/Funeral\*
- Military Training
- FMLA Leave
- Sick
- Jury Duty
- CEU/Conf
- Leave Without Pay

\*Bereavement/Funeral Leave should only be requested for family members listed in your Personnel Policies and Procedures manual. Any other funeral leave is vacation request.

Do you have accrued leave available to cover requested days?  Yes  No  Don't Know

Dates Requested: \_\_\_\_\_

Supervisor to Complete: \_\_\_\_\_

From: \_\_\_\_\_

Is Relief Person Required?  Yes  No

To: \_\_\_\_\_

Relief Person: \_\_\_\_\_

Days: \_\_\_\_\_

Hours: \_\_\_\_\_

\_\_\_\_\_  
Off-Site Supervisor's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
On-Site Supervisor's Signature

\_\_\_\_\_  
Date

Below This Line For Office Use Only

### VERIFICATION OF EMPLOYEE ELIGIBILITY FOR LEAVE

YES  NO

\_\_\_\_\_  
Signature of HR Staff

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Executive Director

\_\_\_\_\_  
Date

Reason(s) for Denial of Eligibility for Leave: \_\_\_\_\_

\_\_\_\_\_