



Reset Form

Annual Leave Over 30 Days Request Form

Instructions

Employees should complete the top portion of this form and submit it to their department head or HR Contact for review. Once a recommendation is made by the department head or a designee, the form should be submitted to the Human Resources' Benefits Office (HRLEAVE@mailbox.sc.edu) for final approval by the Vice President of Human Resources or a designee.

Employee Information

Name (Last, First, MI):		USCID:	
Department Name:		Campus:	
Email Address:		Phone Number:	
Home Address:	City:	State:	Zip Code:

Eligibility

Have you used all eligible accrued sick leave hours? YES NO
 *NOTE: An employee may only use up to 10 days of their accrued sick leave per calendar year to care for a family member.

Are you **currently** OR were you **recently** (*in the last 12 months*) absent from work due to an absence approved under the Family and Medical Leave Act "FMLA"? If so, what are the approval dates of your absence under the FMLA?
 Start Date: ___/___/___ End Date: ___/___/___ YES NO

If your absence is/was not approved under the FMLA, is your need to be absent from work medically related, to include your own serious health condition or the health condition of an immediate family member? YES NO

If your request to use over 30 days of annual leave in a calendar year is not medically related, does your need to be absent from work constitute as an emergency or an extreme hardship condition that is likely to require your absence from work for a pro-longed period of time and will result in a substantial loss of your income? YES NO

Request

What is the start date that you are requesting to use your accrued annual Leave over 30 days? ___/___/___

Reason for Request (*Please provide any additional details that you feel may further support your request.*):

I am requesting to use over 30 days of annual leave in the current calendar year. I have reviewed the [University's Annual Leave Policy, HR 1.03](#) I understand that if my request for leave is approved, I am subject to the terms of the University's Annual Leave Policy. I understand that I must also comply with all other University's policies regarding leave with or without pay.

Employee Signature:	Date:
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To Be Completed by Department

The department recommends does not recommend approval of this request.

Reason/Comments:

HR Contact Name:	HR Contact Phone Number:
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Department Head or Designee Signature:	Date:
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To Be Completed by the Office of Human Resources

Approved Denied

Reason/Comments:

Vice President of Human Resources or Designee Signature:	Date:
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CENTRAL BENEFITS OFFICE USE ONLY: Annual Leave Over 30 days Override keyed in HCM: YES NO

Central Leave Administrator's Signature: _____ Date: _____