

# ROGER WILLIAMS UNIVERSITY AND SCHOOL OF LAW

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## REQUEST FOR ABSENCE

### EMPLOYEE INFORMATION

Name: \_\_\_\_\_ Employee ID#: \_\_\_\_\_

Date of Request: \_\_\_\_\_ Department: \_\_\_\_\_

\_\_\_ Law School Hourly\* \_\_\_ Law School Salary \_\_\_ University Hourly \* \_\_\_ University Salary

\*Note to Managers: If employee uses Kronos, do not submit this form to HR. Rather, enter the hours in Kronos.

### LEAVE INFORMATION

For any requests relating to family medical leave, please refer to the University's Family Medical Leave Policy. This form is not applicable for family medical leave requests.

#### 1. Date of Absence:

Single date: \_\_\_\_/\_\_\_\_/\_\_\_\_

#### 2. Or consecutive days:

From: \_\_\_\_/\_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_/\_\_\_\_

(If more than 3 consecutive calendar days from work for illness purposes, then also please refer to the University's Family Medical Leave Policy)

Total number of days requested: \_\_\_\_\_

#### 3. Or select multiple individual days:

Day 1: \_\_\_\_/\_\_\_\_/\_\_\_\_ Day 2: \_\_\_\_/\_\_\_\_/\_\_\_\_

Day 3: \_\_\_\_/\_\_\_\_/\_\_\_\_ Day 4: \_\_\_\_/\_\_\_\_/\_\_\_\_

Total number of days requested: \_\_\_\_\_

For record keeping purposes only: Please do not request leaves for different months on one request form.

### TYPE OF LEAVE

\_\_\_ Vacation \_\_\_ Illness \_\_\_ Jury Duty \_\_\_ Military Leave (Attach a copy of orders) \_\_\_ Bereavement

### APPROVALS

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Dean's/Dept. Chair's/VP's/

Manager's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **Instructions for Faculty**

### **Unanticipated Leave**

Please notify the Dean/Department Chair if there is an unexpected illness or emergency and you will not be able to get to class. The Dean/Department Chair will instruct the secretary to post a notice of the absence at your classroom.

On return to campus, fill out a Request for Absence form to report the absence. Please fill out the form even if you miss part of your schedule. Send the form to your Dean/Department Chair for approval.

### **Anticipated Leave**

Fill out the Request for Absence form, describing the nature of the proposed leave and notify the Dean/Department Chair of your plans for class coverage in your absence. Send the completed form to your Dean/Department Chair prior to utilization.

The Dean/Department Chair will make his/her recommendation and forward the form to the appropriate Dean for approval or denial. The Dean will respond to the faculty member via e-mail within five (5) business days of being notified.

Please leave adequate lead time before a proposed absence for a response before reservations and travel arrangements are finalized.

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## **Instructions for All Other University Employees**

### **Unanticipated Leave**

Please notify the Department Manager as soon as possible if there is an unexpected illness or emergency and you will not be able to report to work.

On return to campus, fill out a Request for Absence form to report the absence. Send the form to the Department Manager for approval. Upon appropriate approvals, forward the form to the Office of Human Resources to ensure accurate administration of leave pay.

### **Anticipated Leave**

Fill out the Request for Absence form, describing the nature of the proposed leave and notify the Department Manager of your plans for coverage for work related to duties in your absence. Send the completed form to your Department Manager for approval prior to utilization.

Do not submit the approved form to the Office of Human Resources until after the leave has been taken to ensure accurate administration of leave pay.