

**WILBERFORCE UNIVERSITY
FACULTY REQUEST FOR LEAVE**

NAME OF EMPLOYEE (please print)

_____-_____-_____
Social Security Number

Title

I. SICK LEAVE

Request is made for _____ working days of sick leave from _____, _____, through
_____, _____.

II. LEAVE WITHOUT PAY

Request is made for _____ working days of leave without pay from _____, _____,
through _____, _____.

EMPLOYEE'S SIGNATURE

DATE

III. APPROVALS

DIVISION CHAIRPERSON

PRINT NAME

DATE

VICE PRESIDENT
FOR ACADEMIC AFFAIRS

PRINT NAME

DATE

DIRECTOR OF HUMAN RESOURCES

DATE

SICK LEAVE INFORMATION:

A first-year faculty member will accumulate four- (4) days sick leave during the first semester of work. After the first semester of service, a faculty member shall be eligible to accumulate sick leave earned at the rate of 8.235 days per semester worked. A faculty member shall be eligible to accumulate up to (132) day's sick leave. Sick leave will be paid only as used. Temporary full-time faculty members are not eligible for sick leave.

A faculty member who seeks a sick leave of more that three (3) consecutive class days is required to submit a medical certificate from a physician stating that he/she was under doctor's care during this absence and is able to return to work on a specific date and is able to perform his/her normal duties without limitations. This certificate must be presented to the Office of the Chief Academic Officer before the individual will permitted to return to work.

This form is to be filled out immediately after taking sick leave. It is the responsibility of the Division Chairperson to ensure faculty members under their supervision turn in leave requests promptly. All copies should be kept intact until all signatures are obtained. Distribution of copies will be made from the Office of Human Resources.

DISTIBUTION ORIGINAL - OFFICE OF HUMAN RESOURCES
 1ST COPY - VICE PRESIDENT FOR ACADEMIC AFFAIRS
 2ND COPY - DIVISION CHAIRPERSON

3RD COPY - FACULTY MEMBER