

The University of Southern Mississippi

Application for Leave

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

Department Name \_\_\_\_\_ Dept Head \_\_\_\_\_

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Number of Hours	Type of Leave Requested	First Day	Last Date
_____	Personal Leave	_____ to _____	_____
_____	Major Medical Leave	_____ to _____	_____
_____	Emergency Leave (medical)	_____ to _____	_____
_____	Military Leave	_____ to _____	_____
_____	Leave without Pay	_____ to _____	_____

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Family and Medical Leave Request

Family and Medical Leave is for childbirth, placement of a child, serious illness of employee, child, spouse, or parent. Use of the section below is to report hours taken for the Family and Medical Leave only. Medical Certification Form must be attached.

Number of Hours	Type of Leave Requested	From	To
_____	Personal Leave	_____ to _____	_____
_____	Major Medical Leave	_____ to _____	_____
_____	Leave without Pay	_____ to _____	_____

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This application for leave is approved for the purpose and period of time indicated. The employee has been informed of this action.

Department Head \_\_\_\_\_ Date \_\_\_\_\_

Dean/Division Head \_\_\_\_\_ Date \_\_\_\_\_  
(if applicable)