Special Leave Request Form:

- Leave Pool
- Annual Leave Over 30-Day Maximum
Appendix: State Regulations and University Policies

**Annual Leave Over 30-Day Maximum**

**State Regulation**: Per 19-709.03 exceptions to the 30-day maximum include FMLA qualifying reasons and emergency or extreme hardship conditions.

**University Policy**: Eligible employees may use up to 30 days of annual leave in a calendar year. Employees using their annual leave for an illness or injury or who are caring for members of their immediate family who are sick or injured may request to use more than 30 days. The illness or injury must be certified by a health care provider and the additional leave is approved by the University President.

**Leave Pool**: 

**State Regulation**: Per 19-711.04 an employee with a personal emergency may request sick or annual leave from the appropriate pool account by completing the employing agency's Recipient Request Form. While there is no limit to the number of separate requests that an employee may submit to the employing agency, each separate request shall be limited to no more than 30 workdays.
Special Leave Request Form

Employee Information:
Name (First, Middle, Last): ________________________________
ID#: ____________ Position Title: ____________________________
Department Name:______________________________________
Supervisor Name (First, Last): ____________________________

Place an (X) for the Type(s) of Special Leave Requested:
☐ Sick leave pool
☐ Annual leave pool
☐ Annual leave over the 30-day maximum

Number of days requested: _________
Begin Date: ___________ End Date: ______________

Reason for request:

Employee Acknowledgment:
I acknowledge that I satisfy all requirements regarding this request.
Signature: ______________________ Date Signed: ____________

Request is: ☐ Supported ☐ Not Supported
Signature: _______________________ Date: _________________
Direct Supervisor

Request is: ☐ Supported ☐ Not Supported
Signature: _______________________ Date: _________________
Department Chair

Request is: ☐ Approved ☐ Denied
Signature: _______________________ Date: _________________
Vice President/Dean

Leave Pool Request is:
☐ Approved ☐ Denied
Signature: _______________________ Date: _________________
Benefits Manager

Annual Leave Over the 30-day Maximum Request is:
☐ Approved ☐ Denied
Signature: _______________________ Date: _________________
President

Section I - Completed By the Employee
A. Employee reads all instructions.
B. Employee completes Special Leave Request Section I.
C. Employee signs and dates the request, acknowledging he/she is in a Full Time Equivalent (FTE) position and has met all criteria listed on page 1 section #2.
D. Supporting documents, such as medical documents, should be hand delivered or mailed by USPS to the Office of Human Resources, Attn: Leave Administrator, 108 Pearman Blvd., Clemson, SC, 29634.
E. Employee forwards two-page form (Instructions and Form) to HR partner.

Section II – Managed by the Employee’s HR Partner
A. The HR partner manages the form and attains decisions from the employee’s direct supervisor, department chair and vice president.
B. HR partner forwards the Special Leave Request form to the Office of Human Resources, Samantha Bass, sbass@clemson.edu

Section III – Managed by the Office of Human Resources
A. Attain final approval / denial.
B. Send notifications of decision.

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