

Special Leave Request Form:

- **Annual Leave Over 30-Day Maximum**
- **Leave Pool**

- **Application Instructions**
- **Introductions and Qualifications**
- **Application Form**

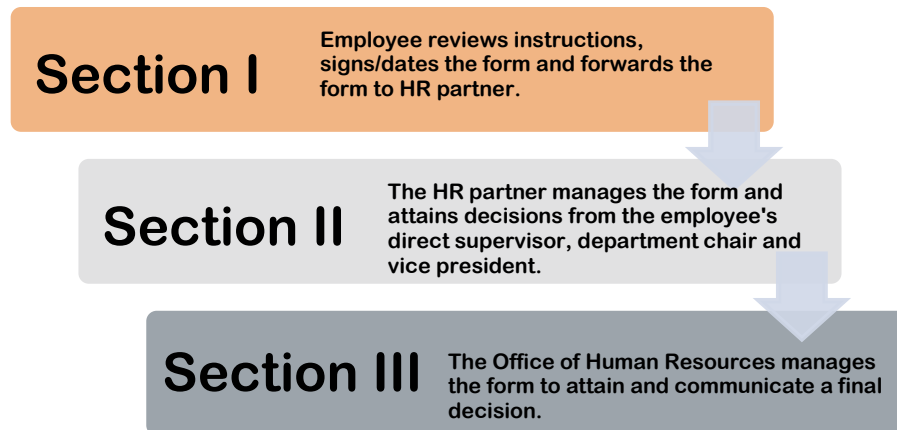
Special Leave Request Form (with Instructions)

- Use the Special Leave Request form (page 3) to submit the following types of leave requests:
 - Annual Leave Over 30-Day Maximum**
 - Leave Pool**
- Before proceeding, use the chart below to review eligibility for these two types of special leave.

Review your eligibility. If you are not eligible for special leave, do not proceed with request.

	Eligible to Submit Leave Pool Request	Eligible to Submit Annual Leave Over 30-Day Maximum Request
Employees in Regular (FTE) Positions with All Leave Exhausted	√ Yes	Possibly (yes if conjunction with a Leave Pool Request; otherwise, no.)
Employees in Regular (FTE) Positions with Existing Leave Accruals	✗ No	√ Yes
Employees in Temporary Time-Limited Positions with All Leave Exhausted	√ Yes	✗ No
Employees in Temporary Time-Limited Positions with Existing Leave Accruals	✗ No	✗ No
Temporary Grant Employees	✗ No	✗ No
Temporary Employees	✗ No	✗ No
Intermittent Employees	✗ No	✗ No

- Follow instructions on form. The chart below details the form’s sections, workflow management and required signatures.



Appendix: State Regulations and University Policies

Annual Leave Over 30-Day Maximum

State Human Resources Regulations Section 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

Clemson University has established a Leave Transfer (Pool) Program to which eligible faculty and staff members may donate and receive paid annual or sick leave benefits. This program is used to provide a source of additional paid leave for eligible University employees who have exhausted their own paid leave balances as a result of a personal emergency or catastrophic illness or injury.

Faculty and staff members who occupy regular (FTE) positions or temporary time-limited positions, and who are eligible to accrue paid leave benefits, are eligible to participate.

State Human Resources Regulations Section 19-711:

Employees must have used all earned sick and/or annual leave (as appropriate) before using approved leave from the Leave Pool.

Eligible employees may receive paid leave benefits from the general University leave pool or from an eligible individual faculty or staff member who donates to them.

A personal emergency means a catastrophic and debilitating medical situation, severely complicated disabilities, severe accident cases, family medical emergencies or other hardship situations that are likely to require an employee's absence from duty for a prolonged period and to result in a substantial loss of income to the employee because of the unavailability of paid leave.

Generally, routine or scheduled surgery is not a basis for approval of sick leave transfer. However, exceptions may be made based upon hardship or other extenuating circumstances.

Leave requests for maternity reasons may be approved if the reasons constitute a personal emergency. For example, expectant mothers who must be on bed rest per a physician for a period of at least 30 workdays before delivery could qualify for leave from the leave transfer pool. However, eligibility would end upon the birth of the child unless a catastrophic, debilitating, or life threatening situation arises for the employee or the child as a result of the birth.

Leave received from the leave pool will run concurrently with benefits under the Family Medical Leave Act (FMLA).

Receiving leave from the general University leave pool:

To request paid leave benefits from the general University leave pool, review page 2 of this packet and complete the required form on page 3.

Receiving leave from a fellow Clemson University employee:

To request paid leave benefits from a fellow Clemson employee, review page 2 of this packet and complete the required form on page 3. The employee who wishes to donate leave must then complete the on-line Leave Pool Donation form, found [HERE](#), specifying you as the recipient.

Special Leave Request Form

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 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 three-page form (Instructions and Form) to HR partner.

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
- } Paid leave must be exhausted to be eligible for leave from the leave pools.

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: _____

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

Request is: Supported } Attach explanation.
 Not Supported }

Signature: _____ Date: _____
 Direct Supervisor

Request is: Supported } Attach explanation.
 Not Supported }

Signature: _____ Date: _____
 Department Chair

Request is: Approved
 Denied

Signature: _____ Date: _____
 Vice President/Dean

Section III – Managed by the Office of Human Resources

- A. Attain final approval / denial.
- B. Send notifications of decision.

Leave Pool Request is:
 Approved Denied

Signature: _____ Date: _____
 Benefits Manager

Annual Leave Over the 30-day Maximum Request is:
 Approved Denied

Signature: _____ Date: _____
 President