

Special Leave Request Form:

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

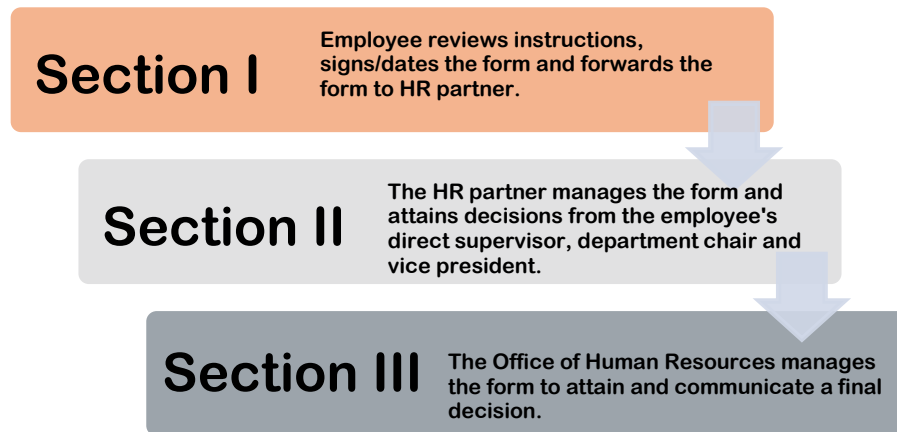
- **Introductions and Qualifications**
- **Application Instructions**
- **Application Form**

Special Leave Request Form (with Instructions)

- Use the Special Leave Request form (page 2) to submit the following types of leave requests:
 - **Leave Pool**
 - **Annual Leave Over 30-Day Maximum**
- 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 Full-Time Equivalent Positions with All Leave Exhausted	✓ Yes	Possibly (yes if in conjunction with a Leave Pool Request; otherwise, no.
Employees in Full-Time Equivalent Positions with Existing Leave Accruals	✗ No	✓ Yes
Temporary Employees	✗ No	✗ No
Temporary Grant Employees	✗ No	✗ No
Time-Limited 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 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

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.

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 Not Supported } Attach explanation.

Signature: _____ Date: _____
Direct Supervisor

Request is: Supported Not Supported } Attach explanation.

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