

## STATE OF WEST VIRGINIA APPLICATION FOR LEAVE WITH PAY

NAME:	
WORK UNIT/SECTION:	DIVISION:
I AM MAKING APPLICATION FOR THE FOLLOWING LEAVE WITH PAY:	
Hours Annual Hours Annual (exhaustion of SL) Hours Military Hours Witness/Jury Service	<ul> <li>Hours Sick</li> <li>Hours Sick (Imm. Family)</li> <li>Hours Sick (Death in Imm. Family)</li> <li>Hours Grievance Prep/Hearing</li> </ul>
PERIOD OF LEAVE:	
FROM Date:	X A.M. X P.M.
TO Date:	X A.M. X P.M.
EMPLOYEE SIGNATURE:	APPLICATION DATE:
G Approved IMMEDIATE SUPERVISOR SIGNATURE and DATE:	
G Disapproved	
G Approved AGENCY-AUTHORIZED SIGNATURE and DATE:	
G Disapproved	
REMARKS (In addition to any pertinent remarks, please also use this space to note relationship if using sick leave for a family member's illness, dental/medical appointment, or death; do not include medical information/diagnosis when requesting leave for illness):	

- A Physician's/Practitioner's Statement DOP-L3 is required after 3 consecutive working days of sick leave.
- Sick leave used for immediate family members is limited to 80 hours per calendar year.
- A maximum of 3 days of sick leave may be used for each occurrence of a death in the employee's immediate family.
- When witness/jury service leave or military leave is used, you must submit copies of the appropriate subpoena, summons, or military orders, according to Division of Personnel rules and policies.
- Do NOT use this form for requesting paid (sick or annual) leave under the federal Family and Medical Leave Act. Instead, use forms DOP-L3 through DOP-L8 (as applicable).