

wvOASIS Leave Cover Sheet

ENTIRE OASIS DOC NUMBER: _____

AGENCY CONTACT NAME: _____

AGENCY CONTACT PHONE NUMBER: _____

EMPLOYEE NAME: _____

Instructions: Select one PACT and one PART Code Below. PACT Codes are Bold and Underlined, PART Codes are normal font.

<u>LOA (LEAVE OF ABSENCE)</u>		<u>LOASD (LOA -SAME DAY)</u>	
MED	MEDICAL LEAVE	MED	MEDICAL LEAVE
PAR	PARENTAL LEAVE	PAR	PARENTAL LEAVE
FML	FMLA LEAVE	FML	FMLA LEAVE
PER	PERSONAL LEAVE	PER	PERSONAL LEAVE
EDU	EDUCATIONAL LEAVE	EDU	EDUCATIONAL LEAVE
A	MILITARY SUB PART A	A	MILITARY SUB PART A
B	MILITARY SUB PART B	B	MILITARY SUB PART B
WC	WORKERS COMP	WC	WORKERS COMP
UNA	UNAUTHORIZED LEAVE	UNA	UNAUTHORIZED LEAVE
MPU	MILITARY UNPAID	MPU	MILITARY UNPAID
<u>LVRTN (LEAVE RETURN)</u>		<u>SUSPD (SUSPENSION)</u>	
NO PART CODE FOR LEAVE RETURN		MIS	MISCONDUCT
		PRF	POOR PERFORMANCE
		ABS	ABSENTEEISM
		LIC	LICENSE REVOKED
		OTH	OTHER
		INV	PENDING INVESTIGATION

LEAVE RETURN DATE AND TIME:

Last Day of Work		Hours		Minutes	
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Last Day of Pay		Hours		Minutes	
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Sick Leave Paid	Hours		Minutes	
Sick Leave Balance	Hours		Minutes	
Annual Leave Paid	Hours		Minutes	
Annual Leave Balance	Hours		Minutes	

Are there leaves of absence that have not been processed? _____

WORK SCHEDULE INCLUDING DAYS OFF -
 ATTACH TIMESHEET(S) _____

I VERIFY THAT ALL INFORMATION CONTAINED IN THIS DOCUMENT IS
 ACURATE TO THE BEST OF MY KNOWLEDGE

Signature: _____		Date: _____	
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