

State of Alabama Unified Judicial System Form PERS-17(front) Rev.7/95	<h2 style="margin: 0;">LEAVE REQUEST AND APPROVAL</h2>	FOR AOC USE ONLY																																																																																																																					
EMPLOYEE NAME		SOCIAL SECURITY #																																																																																																																					
TYPE OF LEAVE REQUESTED	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="4">LEAVE COMMENCES</th> <th colspan="4">LEAVE TERMINATES</th> <th rowspan="2">TOTAL HOURS</th> </tr> <tr> <th>Month</th> <th>Day</th> <th>AM</th> <th>PM</th> <th>Month</th> <th>DAY</th> <th>AM</th> <th>PM</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">1. Annual <input type="checkbox"/></td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td colspan="9" style="text-align: center;">This Annual leave is / is not Family Medical Leave Act Leave (Check one)</td> </tr> <tr> <td style="text-align: center;">2. Sick <input type="checkbox"/></td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td colspan="9" style="text-align: center;">This Sick leave is / is not Family Medical Leave Act Leave (Check one)</td> </tr> <tr> <td style="text-align: center;">3. Compensatory <input type="checkbox"/></td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td colspan="9" style="text-align: center;">This Compensatory leave is / is not Family Medical Leave Act Leave (Check one)</td> </tr> <tr> <td style="text-align: center;">4. LWOP <input type="checkbox"/></td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td colspan="9" style="text-align: center;">This LWOP leave is / is not Family Medical Leave Act Leave (Check one)</td> </tr> <tr> <td style="text-align: center;">5. Military <input type="checkbox"/></td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td style="text-align: center;">6. Administrative <input type="checkbox"/></td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td style="text-align: center;">7. Personal <input type="checkbox"/></td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </tbody> </table>	LEAVE COMMENCES				LEAVE TERMINATES				TOTAL HOURS	Month	Day	AM	PM	Month	DAY	AM	PM	1. Annual <input type="checkbox"/>									This Annual leave is / is not Family Medical Leave Act Leave (Check one)									2. Sick <input type="checkbox"/>									This Sick leave is / is not Family Medical Leave Act Leave (Check one)									3. Compensatory <input type="checkbox"/>									This Compensatory leave is / is not Family Medical Leave Act Leave (Check one)									4. LWOP <input type="checkbox"/>									This LWOP leave is / is not Family Medical Leave Act Leave (Check one)									5. Military <input type="checkbox"/>									6. Administrative <input type="checkbox"/>									7. Personal <input type="checkbox"/>									ACTION BY ADMINISTRATOR	LEAVE CODES
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9. Advanced Sick Leave <input type="checkbox"/>									9. <input type="checkbox"/> All accrued leave exhausted disability expected to be 5 days or more <input type="checkbox"/> Recommended <input type="checkbox"/> Not Recommended <input type="checkbox"/> Physician's Statement attached	V																																																																																																													
10. Sick Leave Reserves <input type="checkbox"/>									10. <input type="checkbox"/> Available Sick leave exhausted illness/ Disability has exceeded 150 days <input type="checkbox"/> Recommended <input type="checkbox"/> Not Recommended	R																																																																																																													
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Distribution of Copies: WHITE – Administrator CANARY – Employee

INSTRUCTIONS FOR COMPLETION OF LEAVE REQUEST FORM

A. All requests for leave must be submitted to the administrator on a completed Leave Request Form.

B. Before submitting request, employee should check to see that the following items are completed:

1. Name.
2. Social Security Number.
3. Check type of leave requested
4. List dates and hours of request.
5. List total hours of request.
6. Date and sign term.

C. The following types of leave require the approval of the local administrator only:

LEAVE TYPE	SPECIAL INSTRUCTIONS
Annual	Personal leave for any purpose such as vacation, or when sick leave is exhausted.
Sick	Physician's Statement only if required by administrator. Sick leave is approved for the following reasons: <ol style="list-style-type: none"> a. Personal illness, including immediate family members. b. Bodily injury. c. Required physical or dental examination on account of illness. d. Examinations or treatments by a physician on account of illness (doctor visits). e. Maternity leave (See also Family Medical Leave Act leave below). For maternity leave, employee may request one or more of the following leave types: <ol style="list-style-type: none"> (1) Sick, for period of disability (2) Annual, all or part of accumulation (3) LWOP
LWOP	Administrator completes and forwards signed PERSONNEL ACTION to Personnel Division; LEAVE REQUEST RETAINED BY ADMINISTRATOR.
Military	Attach copy of orders or other documents; Annual or LWOP used if 21 days military leave exhausted.
Personal	Limited to One (1) day per calendar year. Excludes Baldwin and Mobile counties.

D. The following types of leave require the approval of the administrative Director of Courts:

Educational	Course descriptions(s) attached. Administrator may recommend full or partial pay. Forward both copies to personnel Division.
Advanced Sick Leave	Physician's supporting statement attached.
Sick Leave Reserves	Both copies forwarded to Personnel Division.

Refer to Chapter V, UJS Personnel procedures Manual for additional information on leave.