

MICHIGAN STATE
UNIVERSITY

Michigan State University
Support Staff

TIME OFF AUTHORIZATION FORM

Date: _____

Name: _____ Case: _____

Authorization is required if additional quotas will be applied:

If for your own serious health condition: per the appropriate collective bargaining agreement and university's sick leave policy, all sick leave must be used prior to vacation, personal or unpaid time. If qualifying, the time will also be counted toward the allotted 12 workweeks of FMLA leave.

If for a family member's serious health condition: you must use family sick leave quotas that are available, per your collective bargaining agreement, prior to vacation, personal or unpaid time.

If for paid parental leave you must use parental leave that is available. Once exhausted the birthing parent must use sick leave, and the non-birthing parent family sick, prior to vacation, personal or unpaid time.



Human Resources

Michigan State University
1407 S. Harrison, Suite 110
East Lansing, MI 48823

517-353-4434
Fax: 517-432-4102
hr.msu.edu

IN ADDITION: you may authorize the use of your vacation or personal accruals by selecting the option(s) below. **Check the box** to authorize use of **all** available hours. **To limit** amount of time to apply, **write the number** of hours in the space. If qualifying, paid time will also be considered protected FMLA leave and counted against your FMLA entitlement. If no option is selected, unpaid time will be applied if sick or family sick quotas are exhausted.

Vacation: _____ All or Only _____ Hours

Personal: _____ All or Only _____ Hours

Personal Observance Days: _____ All or Only _____ Hours

Unpaid: _____

Signature

Date