# Leave Request

**MUSC Physicians**

## Type of Leave Requested
- **Administrative Leave**
  - Court**
  - Blood Donation
  - Death in Family
  - Other (please explain):

- **PTO**
  - Vacation
  - Holiday
  - Personal Illness/Accident*
  - Medical Appointment*
  - Family Sick*:
  - Relationship:
  - Other (please explain):

- **ESL**
  - Personal Illness/Accident*
  - Medical Appointment*
  - Childbirth*
  - Adoption*
  - Foster Care*
  - Other (please explain):

- **Leave Without Pay**
  - Personal Illness/Accident*
  - Childbirth*
  - Family Sick*
  - Relationship:
  - Furlough
  - Other (please explain):

### Administrative Leave Details
- **NAME OF DECEASED**
- **DATE OF DEATH**
- **PLACE OF DEATH**

### PTO Details
- **Hourly Employees**: Cash-in
  - PTO for hours worked on holiday
  - # of Hours:

- **Salaried Employees**: Add to
  - PTO accrual for hours worked on
  - holiday.
  - # of Hours:

## Amount of Leave Requested

<table>
<thead>
<tr>
<th>Administrative Leave</th>
<th>PTO</th>
<th>ESL</th>
<th>Leave Without Pay</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Hours</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Date and Time

- **Start Date**: From __________ To __________
- **Start Time**: From __________ To __________
- **End Date**: From __________ To __________
- **End Time**: From __________ To __________

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* May require administrative approval and medical certification

**Note**: Employees requiring FMLA must contact Human Resources for the necessary forms and assistance.

**Employees Subject to FMLA**

- Personal Illness/Accident*
- Medical Appointment*
- Childbirth*
- Adoption*
- Foster Care*
- Other (please explain):

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**Form Instructions**

- This form is to be retained in the department. Please do not send to Payroll, unless Payroll is Timekeeper for your work area.

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**MUSC Physicians – Primary Care**