BLACK HILLS STATE UNIVERSITY
REQUEST FOR LEAVE AND ABSENTEE REPORT

Name: ____________________________________ Date of Request: _______________

I request: __________________________ hours of __________________________ leave
(whole and fractional) (Administrative, LWOP, Jury, Court, etc…)

beginning _________________________ and ending ___________________________.
(day and hour) (day and hour)

* Check if covered under FMLA (see back).

☐ Approved
☐ Disapproved
☐ Family Medical Leave Act*

***Be sure to notify your supervisor if for some reason you do not take the requested leave.

__________________________________      ___________________________________
Supervisor’s Signature        Date                Employee’s Signature  Date
Personal Leave may be used for the following:

- A death in the immediate family
- Temporary care of members of the immediate family
- Volunteer police or rescue work
- A call to state active duty in the military reserve or National Guard members

Immediate family includes the employee’s spouse, children, mother, father, mother-in-law, father-in-law, daughter- or son-in-law, brothers, sisters, grandparents, grandchildren, stepchildren, stepparents, and foster children.

Personal Leave may not exceed 40 hours per calendar year and may not be accumulated. Leave will be deducted from your accumulated sick leave. When possible, personal leave must be requested in advance.

Family Medical Leave Benefits and Procedures

Employees are entitled to Family Medical Leave as prescribed in ARSD 55:01:22:08.02 and the Family Medical Leave Act of 1993 (FMLA). Employees eligible for Family Medical Leave must be allowed to take at least twelve (12) weeks of leave per calendar year. If you have requested an appropriate use of Family Medical Leave, the usage will be tracked and reported to you after each pay period. All employees granted FMLA leave are entitled to return to an equivalent position, so long as the employee returns prior to the expiration of the FLMA leave, except where:

1) The employee’s position has been eliminated pursuant to a bona fide reduction in force.
2) The employee is employed under a contract to complete a distinct project which has been finished.
3) The employee is employed under a terminal contract which has expired, and the employment would not otherwise have been continued.

There are additional FLMA provisions which may or may not affect an employee on Family Medical Leave.

1) Black Hills State University does not wish employees to return to work too early from an injury or medical illness. Therefore, your employer may require a medical certification stating an employee is fit for duty and able to carry out his/her duties without physical risk to themselves or others;
2) In some circumstances, BHSU may require an FMLA recipient to utilize either annual or sick leave rather than leave without pay;
3) If an employee requests leave because the employee is affected with a serious health condition, BHSU may require medical certification of the illness;
4) If an employee requests leave due to a family member’s serious health condition, BHSU may require medical certification of the illness.

During Family Medical Leave, BHSU will continue to pay its position of an employee’s medical benefits. However the employee will continue to be responsible to pay the employee of his/her personal and family health benefits. If an employee fails to return to work from a family medical leave, BHSU will require that the employee refund the state for the benefit payments made on behalf of the employee while the employee was on leave. This requirement will be waived if the employee is precluded from returning to work due to a serious medical condition or due to circumstances beyond his/her control. Again, the state may require documentation to validate a claim of a serious medical condition.