



**STATE OF WEST VIRGINIA  
APPLICATION FOR LEAVE WITH PAY**

<b>NAME:</b>	
<b>WORK UNIT/SECTION:</b>	<b>DIVISION:</b>
<b>I AM MAKING APPLICATION FOR THE FOLLOWING LEAVE WITH PAY:</b>	
_____ Hours Annual	_____ Hours Sick
_____ Hours Annual (exhaustion of SL)	_____ Hours Sick (Imm. Family)
_____ Hours Military	_____ Hours Sick (Death in Imm. Family)
_____ Hours Witness/Jury Service	_____ Hours Grievance Prep/Hearing
<b>PERIOD OF LEAVE:</b>	
FROM	Date: _____ X A.M. X P.M.
TO	Date: _____ X A.M. X P.M.
<b>EMPLOYEE SIGNATURE:</b>	<b>APPLICATION DATE:</b>
<input type="checkbox"/> Approved	<b>IMMEDIATE SUPERVISOR SIGNATURE and DATE:</b>
<input type="checkbox"/> Disapproved	_____
<input type="checkbox"/> Approved	<b>AGENCY-AUTHORIZED SIGNATURE and DATE:</b>
<input type="checkbox"/> Disapproved	_____
<b>REMARKS</b> (In addition to any pertinent remarks, please also use this space to note relationship if using sick leave for a family member's illness, dental/medical appointment, or death):	

- A Physician's/Practitioner's Statement DOP-L3 is required after 3 consecutive working days of sick leave.
- Sick leave used for immediate family members is limited to 40 hours per calendar year.
- A maximum of 3 days of sick leave may be used for each occurrence of a death in the employee's immediate family.
- When witness/jury service leave or military leave is used, you must submit copies of the appropriate subpoena, summons, or military orders, according to Division of Personnel rules and policies.
- **Do NOT use this form for requesting paid (sick or annual) leave under the federal Family and Medical Leave Act. Instead, use forms DOP-L3 through DOP-L8 (as applicable).**