



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

<b>NAME:</b>	
<b>WORK UNIT/SECTION:</b> Staffing	<b>DIVISION:</b> Personnel
<b>I AM MAKING APPLICATION FOR THE FOLLOWING LEAVE WITH PAY:</b>	
_____ Hours Annual _____ Hours Annual (exhaustion of SL) _____ Hours Military _____ Hours Witness/Jury Service	_____ Hours Sick _____ Hours Sick (Imm. Family) _____ Hours Sick (Death in Imm. Family) _____ Hours Grievance Prep/Hearing
<b>PERIOD OF LEAVE:</b>	
FROM     Date: _____	
TO        Date: _____	
<b>EMPLOYEE SIGNATURE:</b>	<b>APPLICATION DATE:</b>
<input type="checkbox"/> Approved                                   IMMEDIATE SUPERVISOR SIGNATURE and DATE:  <input type="checkbox"/> Disapproved	
<input type="checkbox"/> Approved                                   AGENCY-AUTHORIZED SIGNATURE and DATE:  <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).**