



STATE OF WEST VIRGINIA
APPLICATION FOR LEAVE WITH PAY

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| NAME: | |
| WORK UNIT/SECTION: Staffing | DIVISION: Personnel |
| I AM MAKING APPLICATION FOR THE FOLLOWING LEAVE WITH PAY: | |
| _____ 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 |
| PERIOD OF LEAVE: | |
| FROM Date: _____ | |
| TO Date: _____ | |
| EMPLOYEE SIGNATURE: | APPLICATION DATE: |
| <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 | |
| REMARKS (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): | |
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- 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).**