



STATE OF WEST VIRGINIA
APPLICATION FOR LEAVE WITH PAY

NAME:									
WORK UNIT/SECTION:	DIVISION:								
<p>I AM MAKING APPLICATION FOR THE FOLLOWING LEAVE WITH PAY:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">_____ Hours Annual</td> <td style="width: 50%;">_____ Hours Sick</td> </tr> <tr> <td>_____ Hours Annual (exhaustion of SL)</td> <td>_____ Hours Sick (Imm. Family)</td> </tr> <tr> <td>_____ Hours Military</td> <td>_____ Hours Sick (Death in Imm. Family)</td> </tr> <tr> <td>_____ Hours Witness/Jury Service</td> <td>_____ Hours Grievance Prep/Hearing</td> </tr> </table>		_____ 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
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<p>PERIOD OF LEAVE:</p> <p>FROM Date: _____ X A.M. X P.M.</p> <p>TO Date: _____ X A.M. X P.M.</p>									
EMPLOYEE SIGNATURE:	APPLICATION DATE:								
<p>G Approved IMMEDIATE SUPERVISOR SIGNATURE and DATE:</p> <p>G Disapproved _____</p>									
<p>G Approved AGENCY-AUTHORIZED SIGNATURE and DATE:</p> <p>G Disapproved _____</p>									
<p>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; do not include medical information/diagnosis when requesting leave for illness):</p>									

- 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 80 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).