

Leave of Absence Coversheet

Employee Name: _____

Employee Address: _____

Employee Telephone #: _____

Employee ID: _____

FACILITY: _____

Type of Leave:

- FMLA
- Medical
- Personal
- Unauthorized
- Military
- Suspension
- Workers Compensation
- Parental

LEAVE RETURN DATE AND TIME:

Last Day Worked	
Last Day Paid	
Expected Return to Work Date	
Sick Leave Paid	
Annual Leave Paid	
Holiday Paid	

Required Documents to send to DAS

Submit this Cover Sheet along with the backup documentation to DASHR@WV.GOV

	Leave of Absence Letter- Required for all leaves besides Military and WC
	If employee is absent over three working days and sick/annual leave is paid: FMLA Paperwork: Notice of Eligibility Rights and Responsibilities (DOP-L9) & Designation Notice (DOP L10) Physician's Statement/Certification of Health Care Provider supporting beginning of leave (first day missed) and estimated return to work date. Completed Application to Receive Donated Leave
	Kronos Time Sheet showing last day worked and last day paid
	TTD Letter from Encova showing when TTD benefits started/suspended (WC)
	Military Orders (Military Leaves Only)
	Medical Release to Return to Work
	Are there Leave of Absences that have not been processed/submitted?

WV DIVISION OF ADMINISTRATIVE SERVICES

HR Signature

Date