UF Human Resources
UNIVERSITY *of* FLORIDA
2019-2020 Intermittent Leave Application

Please keep this form in Department Personnel Records as documentation of leave usage. Additional information and instructions on Page 2.

Employee's name: _____   UFID: _____

Department: _____   DeptID: _____

I authorize the university to certify intermittent use of paid leave while I am on an extended leave of absence for the following purpose:

(check the appropriate box) ☐Medical - Self   ☐Medical - Family   ☐Parental   ☐Foster care   ☐Military

Is this leave of absence for an FMLA-qualifying event?   ☐Yes   ☐No

During my extended leave of absence, I would like to be certified for pay (leave and/or other compensation) based on the following:

| Pay Period (FY 19-20) | Type and amount of leave to be taken (in quarter-hour increments)[1] | | | | | | | Other | | Total Compen-sation |
	Paid Parental Leave	Vacation	Sick	OT/Reg. Comp.	Special Comp.	Personal Day(s)[2]	Auth. LWOP	UF Holiday[3]	Hours Worked[4]	
Ex. 08/23/19 - 09/05/19			8		8		32	8 (09/02)	24	48
06/14/19 - 06/27/19										
06/28/19 - 07/11/19								(07/04)		
07/12/19 - 07/25/19										
07/26/19 - 08/08/19										
08/09/19 - 08/22/19										
08/23/19 - 09/05/19								(09/02)		
09/06/19 - 09/19/19										
09/20/19 - 10/03/19										
10/04/19 - 10/17/19								(10/04)		
10/18/19 - 10/31/19										
11/01/19 - 11/14/19								(11/11)		
11/15/19 - 11/28/19								(11/28)		
11/29/19 - 12/12/19								(11/29)		
12/13/19 - 12/26/19								(12/25)		
12/27/19 - 01/09/20								(01/01)		
01/10/20 - 01/23/20								(01/20)		
01/24/20 - 02/06/20										
02/07/20 - 02/20/20										
02/21/20 - 03/05/20										
03/06/20 - 03/19/20										
03/20/20 - 04/02/20										
04/03/20 - 04/16/20										
04/17/20- 04/30/20										
05/01/20 - 05/14/20										
05/15/20 - 05/28/20								(05/25)		
05/29/20 - 06/11/20										
06/12/20 - 06/25/20										
06/26/20 - 07/09/20								(07/04)		

_____   _____
Employee Signature/Date   Supervisor Signature/Date

Instructions for 2019-2020 Intermittent Leave Application

This form is designed to assist employees and Departments with documenting intermittent leave usage for extended leaves of absence.

The original should be kept by the Department for up to three years as part of personnel file records.

Employees who are on personal leave of absence may not use paid leave while on leave of absence.

Notes from front of form:

[1] Note to departmental leave administrators: Each type of leave used must be entered into PeopleSoft on a separate row/line—including leave without pay (LWOP).

[2] Indicate use of USPS Personal Holiday <u>OR</u> use of TEAMS Personal Leave Days (December 26-31 for non-essential employees, or December 2-June 30 for essential employees). Use of USPS Personal Holidays and TEAMS Personal Leave Days <u>must</u> be entered into PeopleSoft.

[3] An employee must be in pay status for a reasonable portion of the day before a holiday in order to receive the holiday benefit, with the exception of reservists called to long-term active military duty, who are eligible to be paid for all state holidays regardless of pay status on the day prior to the holiday; for all other employees on extended leave, pending supervisory approval, paid leave must be specifically designated for the day before the holiday. Please note in the appropriate column the total amount of a particular type of paid leave to be used during the pay period; in brackets, indicate the date and the amount of paid leave used on the day before the holiday. Please see the top of the form for an example.

[4] If an employee works a reduced work schedule while on an extended leave of absence, "hours worked" also should be noted on this form. "Hours worked" should match the total hours worked as recorded on the employee's time worked records.

For questions regarding the amount of paid leave necessary to continue benefits and other payroll deductions with the university, or questions regarding the rules that apply to extended leaves of absence for USPS, TEAMS, and Faculty employees please contact **Central Leave at (352) 392-2477 or email central-leave@ufl.edu**