

**University of South Carolina
Division of Human Resources
Leave Worksheet**

Name: _____ Type of Leave: _____

SSN: _____ Date of Hire: _____

Address: _____
Include City, State and Zip Code

Department Name and Number: _____

Department Contact and Phone Number: _____

Last Day Worked: _____ Projected Return Date: _____

Leave Accruals: Sick: _____ Annual: _____

Leave Balances: Sick: _____ Annual: _____

Sick Leave Used To Date: _____ Annual Leave Used To Date: _____

Based upon current accruals: Will the employee go into leave without pay (LWOP)? YES NO

[If yes, submit form PBP-7 or have the employee request a sick leave advance and/or leave transfer if eligible.]

Will the employee exceed 30 days of annual leave for the year? YES NO

[If yes, the employee must submit an exception request to use more than 30 days of annual leave.]

For Benefits Office Only

FMLA Eligible: YES NO Number FMLA Days Requested: _____

Date P-83 Received: _____ Date P-75 Received: _____

Date FCF Received: _____ State Service Date: _____

Disability Claim/Disability Retirement

LTD/SLTD: YES (90 or 180) NO Date Claim Submitted: _____

SCRS ORP Date Applied for SCRS: _____

Notes: