



VSDP LEAVE SUPPLEMENT FORM

Return the completed form to: Human Resources and Payroll, 4400 University Drive, MS 3C3, Fairfax, Virginia, 22030-3415

Leave Purpose: VSDP / STD Workers' Comp

Personal Information

Name Last _____ First _____ G# _____

Expected Return Date _____ Preferred Contact Phone _____

Department _____ Supervisor's Name _____

How I Want to Use My Leave

To check your available leave balances, go to <https://patriotweb.gmu.edu/>
 If you do not select the leave types you want to use on this form,
 your leave will be used in the default order that appears below.

SECTION A	SECTION B	
	Leave Type	Apply Leave in This Order
<input type="checkbox"/> I DO NOT want to use leave balances to supplement my income while on leave. <input type="checkbox"/> I want to use my leave balances to: (check all that apply) <input type="checkbox"/> Cover my 7 Day VSDP/Workers Compensation Waiting Period <input type="checkbox"/> Supplement my VSDP Pay when at 80% (1.6 hours per day) <input type="checkbox"/> Supplement my VSDP Pay when at 60% (3.2 hours per day)	<input type="checkbox"/> VSDP Sick Leave (Waiting period only)	1 2 3 4 5 6 7 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	<input type="checkbox"/> Family & Personal Leave	1 2 3 4 5 6 7 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	<input type="checkbox"/> Compensatory Leave	1 2 3 4 5 6 7 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	<input type="checkbox"/> Overtime Leave	1 2 3 4 5 6 7 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	<input type="checkbox"/> Retention Leave	1 2 3 4 5 6 7 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	<input type="checkbox"/> Recognition Leave	1 2 3 4 5 6 7 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	<input type="checkbox"/> Annual Leave	1 2 3 4 5 6 7 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	<input type="checkbox"/> Disability Credits (if hired before 01/01/1999)	1 2 3 4 5 6 7 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Employee Certification

I understand that the choice(s) I have indicated above will be effective the beginning of the applicable pay period. There will be no retroactive leave usage. Until this form is received by Human Resources, I understand that I will be on a leave without pay status for the waiting period, and my leave balances will not be used to supplement my VSDP income. I have the option to make a one-time change to my leave election. To make this one time change, I must submit a new form to Human Resources. I understand that this change may only be made once and will be effective on the first day of the following pay period in which the form is received by Human Resources.

Employee Signature

Date

Special Notes:

- Any discrepancies that appear to result in over-payment or under-payment must be reported to the Payroll Supervisor immediately. Lack of notification of over-payment or under-payment can result in docking of future pay to recover funds. Any over-payment of benefits must be reimbursed immediately to George Mason University.
- Leave accruals **will cease** after employee is on leave for **90 calendar days** unless the employee returns to work at least part-time.
- Employees on STD do not receive Sick and F/P leave credits on January 10 if they are receiving disability benefits. Leave will be applied when employees return to active employment.