



EXTENDED ABSENCE LEAVE SUPPLEMENT FORM

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

Leave Purpose: VSDP 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	Hours to Use	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% <input type="checkbox"/> Supplement my VSDP Pay when at 60%	<input type="checkbox"/> VSDP Sick Leave (Waiting period only)	Use _____ hours OR Use until balance = _____	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	Use _____ hours OR Use until balance = _____	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	Use _____ hours OR Use until balance = _____	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	Use _____ hours OR Use until balance = _____	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	Use _____ hours OR Use until balance = _____	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	Use _____ hours OR Use until balance = _____	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	Use _____ hours OR Use until balance = _____	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)	Use _____ hours OR Use until balance = _____	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 pay period in which this form is received by HR. THERE WILL BE NO RETROACTIVE LEAVE USAGE. Until this form is received in HR, the employee 1) remains at the applicable VSDP percentage, 2) remains in a Leave without Pay status, and 3) may not supplement with his/her available leave balances. Once established, leave allocation changes may only be made effective on the first day of a new pay period. To make any changes to leave allocations, a new form must be submitted.

Employee Signature

Date

Special Notes:

1. 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.
2. Leave accruals will cease after employee is on leave for 90 work days unless the employee returns to work at least part-time.
3. 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.