

**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: