JUDICIARY OF GUAM
LEAVE APPLICATION FORM

amended August 2016

SECTION A:

1. NAME (First, Middle, Last)	2. DIVISION	3. DATE OF REQUEST

4.LEAVE TYPE :

- A. ANNUAL (Refer to Section C if applicable)
- B. SICK (Refer to Section D if applicable)
- C. SICK - To care for immediate family (Section E must be completed)
- D. COMPENSATORY TIME OFF
- E. ADMIN
- F. DONATED ANNUAL
- G. DONATED SICK
- H. DONATED LEAVE BANK
- I. PREGNANCY RELATED MEDICAL
- J. PARENTAL
- K. MILITARY
- L. BEREAVEMENT
- M. GOODWILL
- N. JURY
- O. FMLA
- P. DOC SANCHEZ/CAREER ENHANCEMENT
- Q. OTHER: ____________________
- R. LEAVE CONVERSION: *Indicate on #5. Leave Type to be converted To and reason on space provided. Please attach supporting documents as required.*

5. LEAVE TYPE	FROM (HOUR, MONTH, DAY, YEAR)	TO (HOUR, MONTH, DAY, YEAR)

LEAVE TYPE (R) REASON:

6.PAY STATUS & HOURS

☐ WITH PAY ____________ *# of hours*

☐ WITHOUT PAY ____________ *# of hours*

☐ COMBO ____________ *# of hours*

7. ADDRESS WHILE ON LEAVE:

SECTION B: SIGNATURES

I CERTIFY ALL STATEMENTS MADE HEREIN ARE TRUE AND CORRECT.

1. (Signature of Employee)

☐ APPROVED ☐ DISAPPROVED

2. (Signature of Division Head)

☐ APPROVED ☐ DISAPPROVED

3. (Signature of Appointing Authority)

PLEASE CONTINUE ONLY IF APPLICABLE (ADVANCE ANNUAL LEAVE/ PHYSICIAN CERTIFICATIONS)

SECTION C: APPLICATION FOR PREPAYMENT OF VACATION LEAVE

Minimum requirement is not less than ten (10) consecutive work days. It is understood that if I return to duty before the expiration of my prepaid vacation, I shall reimburse the Judiciary of Guam in an amount equivalent to the unexpired portion of the prepaid leave.

1. FROM (Hour, Month, Day, Year)	2. TO (Hour, Month, Day, Year)	3. TOTAL HOURS PREPAID

SECTION D: SICK LEAVE CERTIFICATION

In compliance with our Personnel Rules and Regulations, if any employee is absent because of illness, injury or quarantine in excess of three (3) consecutive days, he/she may be required to furnish a certification as to incapacity from a regularly licensed physician or other evidence administratively acceptable. The supervisor/Administrator of the Courts may require certification of such other period of illness as he/she deems necessary. If the certification required is not furnished, all absences which would have been covered by such certification shall be indicated on the payroll as leave of absence without pay (AWOL).

1. PHYSICIANS CERTIFICATION: I, ____________________ certify that the above named person was under my professional care or quarantined from dates: ____________________ to: ____________________. From a medical standpoint, his/her condition during this period was such that I considered it inadvisable for him/her to report to work.

2. REMARKS:

NAME OF PHYSICIAN (Print or Type) (Signature of Physician)

SECTION E: SICK LEAVE TO CARE FOR IMMEDIATE FAMILY

1. PHYSICIANS CERTIFICATION: I, ____________________ certify that the employee is compelled to be absent from duty from dates: ____________________ to: ____________________ to provide health care for a member of the employee's immediate family as a result of serious illness or injury which means an urgent condition requiring hospitalization, institutionalization, or extended home care in which the person needs the constant administration of special medical care or support.

2. REMARKS:

NAME OF PHYSICIAN (Print or Type) (Signature of Physician)

ANY FALSIFICATION TO ANY LEAVE REQUEST SHALL BE CONSIDERED SUFFICIENT CAUSE FOR DISMISSAL FROM JUDICIARY SERVICE