

THE UNIVERSITY OF MICHIGAN

REQUEST FOR PAID TIME OFF – PREVENTIVE MEDICAL OF DENTAL APPOINTMENTS

Such time off will be approved in accordance with Article XXII of the AFSCME agreement, which provides:

“A full-time employee or part-time employee working thirty-two (32) or more hours in a calendar week, will be granted paid time off from his/her assigned schedule of work for a preventive medical or dental care appointment, including past-operative examination and care, providing he/she gives his /her immediate supervisor written notice at least five (5) calendar days prior to the appointment unless the appointment is scheduled by a University doctor. A series of appointment may be included in the same notice. In the event that a doctor schedules a return appointment or past-operative examination or care which prevents giving the required notice, as much notice as possible based on the circumstances is required. In the event that the time of the appointment adversely affects the operation of his/her department, the employee will re-schedule the appointment to a mutually convenient time.

Employee: Complete this form and give it to your supervisor for handling.

Your name: _____ Date of Request: _____

Your department: _____

Your job classification: _____

Name of doctor or clinic: _____

Address of doctor or clinic: _____

Kind of appointment (check one) Medical Dental

Date of appointment _____ Time of appointment: _____

Probable duration of absence: _____

Employee signature: _____

Supervisor: If approved, retain this request as the authorization for payment of disability income after the appointment has accrued and actual time off is recorded.

If disapproved, return this request to the employee

Approved Disapproved Date: _____

Actual time off: _____

Supervisor's signature: _____

Reasons for disapproval: _____