

wvOASIS Leave Cover Sheet

ENTIRE OASIS DOC NUMBER:	
AGENCY CONTACT NAME:	
AGENCY CONTACT PHONE NUMBER:	
EMPLOYEE NAME:	

Instructions: Select one PACT and one PART Code Below. PACT Codes are Bold and Underlined, PART Codes are normal font.

<u>LOA (LEAVE OF ABSENCE)</u>		<u>LOASD (LOA -SAME DAY)</u>	
MED	MEDICAL LEAVE	MED	MEDICAL LEAVE
PAR	PARENTAL LEAVE	PAR	PARENTAL LEAVE
FML	FMLA LEAVE	FML	FMLA LEAVE
PER	PERSONAL LEAVE	PER	PERSONAL LEAVE
EDU	EDUCATIONAL LEAVE	EDU	EDUCATIONAL LEAVE
WC	WORKERS COMP	WC	WORKERS COMP
UNA	UNAUTHORIZED LEAVE	UNA	UNAUTHORIZED LEAVE
MPU	MILITARY UNPAID	MPU	MILITARY UNPAID
SUBPART-A		<u>SUSPD (SUSPENSION)</u>	
SUBPART-B		MIS	MISCONDUCT
<u>LVRTN (LEAVE RETURN)</u>		PRF	POOR PERFORMANCE
NO PART CODE FOR LEAVE RETURN		ABS	ABSENTEEISM
LEAVE RETURN DATE AND TIME:		LIC	LICENSE REVOKED
		OTH	OTHER
		INV	PENDING INVESTIGATION

Last Day of Work		Hours		Minutes	
Last Day of Pay		Hours		Minutes	
Sick Leave Paid	Hours		Minutes		
Sick Leave Balance	Hours		Minutes		
Annual Leave Paid	Hours		Minutes		
Annual Leave Balance	Hours		Minutes		
Holiday and/or Comp	Hours		Minutes		

Are there leaves of absence that have not been processed?	
WORK SCHEDULE INCLUDING DAYS OFF - ATTACH TIMESHEET(S)	

I VERIFY THAT ALL INFORMATION CONTAINED IN THIS DOCUMENT IS ACCURATE TO THE BEST OF MY KNOWLEDGE

Signature:		Date:	
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