



## THE AMERICAN UNIVERSITY OF ROME MEDICAL LEAVE REQUEST

Name of employee \_\_\_\_\_

Name of supervisor \_\_\_\_\_

Date of leave - specify day and total number of hours needed \*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

NOTES : in case of more than 2 hours of leave explain if comp- time or vacation deduction\*

\_\_\_\_\_

Employee's signature \_\_\_\_\_

Supervisor's approval \_\_\_\_\_ Date \_\_\_\_\_

***THIS FORM MUST BE RETURNED TO THE HUMAN RESOURCES OFFICE***

*For HR DIRECTOR use only:*

Notes \_\_\_\_\_

Applied on \_\_\_\_\_ payroll  
(month)

Date \_\_\_\_\_ Signature \_\_\_\_\_

\*

### **Medical visits and lab tests leave policy**

- All employees have the right to a maximum of 16 hours leave for medical visits and lab tests per academic year, if the visit or test cannot be taken outside office hours. Each leave must be limited to 2 hours and must be pre-approved by direct supervisor; it also
- has to be documented by a medical certificate that lists date and time of visit/test. If the employee's absence from the work place must exceed 2 hours as a result of the medical visit, the additional number of hours must be taken from the employee's annual vacation quota or compensated. Hours of medical visits leave do not roll over the next year if not used.
- On-going medical treatments must be booked outside office hours. In the event that the medical treatment cannot be performed outside office hours the employee may make arrangements for compensating time with direct supervisor prior to treatment arrangements. Otherwise the hours must be taken from the employee's annual vacation quota