White - Human Resources Yellow - Employee Pink - Department Head



STAFF-REQUEST FOR LEAVE

NAME:	NAME: DATE:									
DEPARTMENT:							ID# :			
JOB TITLE:						PURPOSE:				
DESIG	NATED CONTA	ACT PERSO	N(S) DURIN	G ABSENCE	:					
			. ,							
FIRST DAY OF LEAVE						L	LAST DAY OF LEAVE			
Indicate the number of hours taken each day.										
	Dates (MonSun.)	Monday # of Hours	Tuesday # of Hours	Wednesday # of Hours	Thursday # of Hours	Friday # of Hours	Saturday # of Hours	Sunday # of Hours	Total Hours	
WEEK 1										
WEEK 2										
WEEK 3										
WEEK 4										
WEEK 5										
TYPE OF LEAVE REQUESTED (CHECK APPROPRIATE BOX (ES):										
PERSONAL LEAVE - VACATION, LEAVE FOR PERSONAL REASON, FIRST DAY OF ILLNESS MAJOR MEDICAL - DAYS FOR ILLNESS AFTER THE FIRST 8 HOURS. ILLNESS OF MORE THAN 3 SCHEDULED WORK DAYS										
REQUIRES A PHYSICIAN STATEMENT										
* PERSONAL LEAVE OR MAJOR MEDICAL TAKEN FOR WORKERS COMPENSATION (First report of injury must be submitted)										
* PERSONAL LEAVE OR MAJOR MEDICAL TAKEN FOR FAMILY MEDICAL LEAVE (Prior certification from doctor must be submitted)										
OFFICIAL UNIVERSITY BUSINESS - APPROVED BY DEAN OR PRESIDENT - (ATT ACH DOCUMENTATION).										
MILITA RY OR COURT SUMM ONS - (A TTAC H DO CUM ENTA TION).										
LEAVE WITHOUT PAY - ABSENCE NOT EXCUSED, SALARY DEDUCTION IN DIRECT PROPORTION TO HOURS ABSENT										
EMPLOYEE SIGNATURE: PERSON REPORTING ABSENCE:										
PERSONA	L LEAVE:		URS AVAILAE		TOTAL HOU	DC HCED		OTAL HOURS	D E M A INING	
		TOTAL HC	JUKS AVAILAE	OLE	TOTAL HOU	KS USED	10	JIAL HOURS	KEMAINING	
MAJOR M	IEDICAL:									
		TOTAL HO	URS AVAILAB	LE	TOTAL HOU	RS USED	TO	OTAL HOURS	REMAINING	
OTHER LEAVE: TOTAL HOURS TAK EN (Official Business, Military Leave or Court Summons)										
This application for leave is approved for the purpose and period of time indicated.										
DEPARTMENT CHAIR/DIRECTOR							*DEAN			
*EXECUTVE STAFF/VP										
				LALCOILL	,					
HUMAN RESOURCES USE ONLY										