



EMPLOYEE LEAVE FORM

Submit form no later than 3 days AFTER the event. Faxes are not accepted.

CHECK ONE:

- Executive
- Administration
- Faculty
- Prof. Support-Exempt
- Prof. Support-Non Exempt
- Classified

Employee ID Number _____

Employee Name _____

Department _____

Office Phone Number _____

ACKNOWLEDGEMENT OF ABSENCE

I am hereby notifying you that I was absent from work during my regularly scheduled hours on the below date:

MM/DD/YY _____ HH:MM _____
Beginning Date/Time

MM/DD/YY _____ HH:MM _____
Ending Date/Time

Check Applicable

- Sick Leave *(Please contact HR if more than 3 days)*
- Jury Duty *(Attach a copy of summons card)*
- Military Leave
- Prof/Dev/Conf/Other *(Travel voucher/Authorizations must be complete at BO)*
- Funeral Leave *(Immediate family)*
Deceased Name/Relation: _____

Hours

APPROVED LEAVE REQUEST

I am hereby requesting that I be permitted to be absent from work during my regularly scheduled hours on the below date:

MM/DD/YY _____ HH:MM _____
Beginning Date/Time

MM/DD/YY _____ HH:MM _____
Ending Date/Time

Check Applicable

- Vacation
- Leave w/o Pay
- Educational Activities Leave

Personal Business - Faculty Only

Limit two days per fiscal year taken from available sick for faculty with less than 12 month assignment.

Personal Leave: Limit 3 days per fiscal year from available sick leave – Check Applicable

- Sick Leave *(outside of immediate family)*
- Religious Observance
- Funeral Leave *(Outside of immediate family)*
Deceased Name/Relation: _____

Reason for absence: _____

I understand that any hours used as leave without pay are subject to a pay adjustment and I certify any leave taken exceeding available accrual leave will generate an automatic deduction of pay.

Employee Signature: _____ Date: _____

Supervisor's Printed Name: _____

Supervisor's Approval: _____ Date: _____

Original is forwarded to the Office of Human Resources for processing. It is recommended that Supervisors keep a copy of this form for their records.

FOR HR USE ONLY:

PYV:	Used:	Total:	FY:	Used:	Total:
Sick:	Used:	Total:			

Verified: _____ Entered: _____ DOC MR _____