

REQUEST FOR LEAVE OF ABSENCE

Name: _____ SSN: _____

Job Title: _____ Department: _____

Address During Leave: _____

TYPE OF LEAVE REQUESTED: <input type="checkbox"/> Sick <input type="checkbox"/> Personal <input type="checkbox"/> Military <input type="checkbox"/> Family <input type="checkbox"/> Maternity/Paternity <input type="checkbox"/> Other (specify) _____

PERIOD OF LEAVE: BEGINNING _____
EXPECTED DATE OF RETURN _____

I am requesting this leave: With pay Without pay Both, if necessary

I am requesting payment for unused: Sick days Vacation days Both, if necessary

If this leave is due to illness, please bring a statement from your physician acknowledging your ability to return to work.

Employee's Signature: _____ Date: _____

APPROVALS

Supervisor's Signature: _____ Date: _____

Vice President's/Provost's Signature: _____ Date: _____

HUMAN RESOURCES USE ONLY		
Your request for _____ has been:		
<input type="checkbox"/> Approved	<input type="checkbox"/> Disapproved	
<input type="checkbox"/> With pay for the period _____	<input type="checkbox"/> Without pay for the period _____	
Below is the sick and vacation time available to you:		
Sick days available _____	Vacation days available _____	
Sick days used _____	Vacation days used _____	
Sick days remaining _____	Vacation days remaining _____	
Your timesheet should be completed as follows for the period of your leave:		
Period of Sick Leave _____ thru _____	Period of Vacation Leave _____ thru _____	Period of Absence without Pay _____ thru _____