



Application for Leave Form

Employee Name/ID Number: _____

Date: _____

Department: _____

PROCEDURES:

- 1) Completed original leave form, with appropriate signatures, is to be submitted to the Human Resources Department within the pay period in which leave is taken.
- 2) Prior authorization is required when requesting annual and personal leave.
- 3) Any illness necessitating an absence must be reported to his/her supervisor as early in the workday as possible.
- 4) Leave may be taken in half-hour increments, with a minimum of one hour.
- 5) Family and Medical Leave must be pre-approved by the Human Resources Department.

DATE(S), HOUR(S) AND TYPE OF LEAVE REQUESTED:						
	Monday	Tuesday	Wednesday	Thursday	Friday	Total No. Of hours
Date:						
Time (From-To):						
Number of Hour(s):						
Type of Leave:						
	Monday	Tuesday	Wednesday	Thursday	Friday	Total No. Of hours
Date:						
Time (From-To):						
Number of Hour(s):						
Type of Leave:						
Total Leave Hours Taken →						

TYPES OF LEAVE:

A = ANNUAL* **M** = MILITARY **FMLA** = FAMILY AND MEDICAL
P = PERSONAL **JD** = JURY DUTY **S** = SICK
LWOP = LEAVE WITHOUT PAY **OTHER:** _____
**PROFESSIONAL AND SUPPORT STAFF ONLY*

DISPOSITION OF CLASSES (<i>FACULTY ONLY</i>)	
TITLE OF CLASS	DISPOSITION OF CLASS

Comments: _____

Employee Signature _____ Date _____

Supervisor Signature/Approval _____ Date _____