

LEAVE REQUEST

General Data

Use a separate form for each type of leave requested.

Attendance Unit:

Time and Attendance Processor's Name:

Posted:

Employee's Last Name:

First Name:

Personnel Number:

Division, Section, or Unit:

Leave Beginning:

Time:

AM

PM

Month/Day/Year:

Leave Ending:

Time:

AM

PM

Month/Day/Year:

Minutes	Tenths	Minutes	Tenths
1-6	.1	31-36	.6
7-12	.2	37-42	.7
13-18	.3	43-48	.8
19-24	.4	49-54	.9
25-30	.5	55-60	1.0

Total Hours Requested:

Leave Type Selection

Leave Type:

If Leave Without Pay is selected, Supervisor must complete the Leave Without Pay block.

Comments:

Employee's Signature:

Date of Request:

Please type your full name in the signature field. Do not use E-sign features or insert signature images.

To be completed by Supervisor/Approving Authority

Leave Not Approved (Provide explanation in comments section below)

*LEAVE WITHOUT PAY:

Authorized Absence

Unauthorized Absence

Comments:

Supervisor's/ Other Approving Authority's Signature:

Date:

Please type your full name in the signature field. Do not use E-sign features or insert signature images.

Compensation for leave cannot exceed the total amount of leave accumulated. Should leave be approved in excess of the total accumulated, it will not be compensated.