



LEAVE FORM

Contact the Office of Human Resource Management to verify available time before requesting leave.

Employee Name: _____ Department _____

TO BE COMPLETED BY EMPLOYEE:

Type of leave requested:

- Annual Leave (12 month employees only)
- Personal Leave (9 -11 month employees only)
- Sick Leave (For 3 consecutive days or more, you must contact HR)
- Workers' Compensation Leave
(Is this absence due to work related illness or injury? If yes, have you forwarded an Incident Report to HR? If no, please attach the Incident Report)
- Administrative Leave (Documentation must be attached)
- Bereavement (3 days for immediate family)
- Leave Without Pay (For unpaid leave, please briefly state reason)

Comments: _____

DATES INVOLVED:

Start Date: _____ End Date: _____
(Only enter actual dates of absenteeism)

Total number of **hours**: _____ Total number of **days**: _____

I understand that if I have no leave on the books, my wages may be adjusted accordingly.

Employee Signature: _____ Date: _____

Department Head Signature: _____ Date: _____

DO NOT WRITE BELOW THIS LINE. FOR HR USE ONLY

Entered by: _____ Date: _____