



Employee Request for Leave

Name: _____

SSN: _____

Department: _____

Dept. No.: _____

Indicate Type of Leave Requested:

- Annual Leave (up to 30 days in one year)
- Family Sick Leave
- Personal Leave Without Pay (up to 10 days)
- Court Leave
- Death in Family
- Sick Leave (over three days) *
(Requires Department Approval Only)

- Adoptive Leave ◆
- Annual Leave (over 30 days)
- Personal Leave Without Pay (over 10 days)
- Military Leave ■
- FMLA (___ Self ___ Family Member ___ Military) *
- Other _____

Requires approval by employee's department and by the University's Benefits Office. Please forward with appropriate attachments to the Benefits Office.

Beginning Date: _____ Ending Date: _____ Total Hours Requested: _____

Brief Explanation of Leave Requested: _____

Attach additional sheet if necessary. Check here if additional sheet attached.

Signature of Employee (Sign original in blue ink)

Date

- * Sick leave of over three (3) days must be submitted on form P-75.
- ◆ Attach a copy of the adoption papers or letter from attorney or adoption agency.
- Attach a copy of military orders.

TO BE COMPLETED BY DEPARTMENT: Approved Denied (Please retain copy for your file.)

Comments or Reason for Denial: _____

Signature of Department Head (Sign original in blue ink)

Date

TO BE COMPLETED BY HUMAN RESOURCES: Approved Denied

Comments or Reason for Denial: _____

Authorized Human Resources Signature (Sign original in blue ink)

Date