

**UNIVERSITY HUMAN RESOURCES DEPARTMENT  
APPLICATION FOR LEAVE**

**Name** \_\_\_\_\_ **ID #** \_\_\_\_\_  
**(Last)**                      **(First)**                      **(Middle)**

**Department** \_\_\_\_\_ **Date** \_\_\_\_\_ **Biweekly**  
\_\_\_\_\_ **Monthly**

<b>CHECK ONE:</b>
<input type="checkbox"/> <b>VACATION LEAVE</b>
<input type="checkbox"/> <b>FUNERAL LEAVE</b>
<input type="checkbox"/> <b>COURT/JURY DUTY LEAVE</b> <i>(LEAVE WITH PAY)</i>
<input type="checkbox"/> <b>SICK LEAVE</b>
<input type="checkbox"/> <b>MILITARY LEAVE</b> <i>(COPY OF ORDERS REQUIRED)</i>
<input type="checkbox"/> <b>LEAVE WITHOUT PAY</b>

**I request that I be granted leave:**

	<b>Number of working days</b>	<input type="text"/>
	<b>Number of hours</b>	<input type="text"/>

**From** \_\_\_\_\_ **A.M.**  
                  **P.M.** \_\_\_\_\_  
**Mo.**                  **Day**                  **Yr.**

**Through** \_\_\_\_\_ **A.M.**  
                  **P.M.** \_\_\_\_\_  
**Mo.**                  **Day**                  **Yr.**

**Paid sick leave is a benefit granted in accordance with approved policy and procedure. A supervisor may require at any time that a claim for sick leave be supported by adequate evidence. Any unjustified or fraudulent claims for leave may result in loss of pay for the period of absence.**

\_\_\_\_\_  
**Signature of Employee**

\_\_\_\_\_  
**Recommended or Approved – Signature of Supervisor**