



LEAVE REQUEST

This form must be submitted to and approved by your immediate supervisor prior to the use of any type of leave, except in the event of an illness. This form must be submitted to your supervisor.

Employee's Last Name	First Name	Campus/Department	Employee ID Number
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Leave Beginning Date: Hour:	Leave Ending Date: Hour:	Total Days/Hours Requested
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Type of Leave

<input type="checkbox"/> Vacation	<input type="checkbox"/> Job Related Injury/ Illness**	<input type="checkbox"/> Compensatory Time	<input type="checkbox"/> Military Leave**
<input type="checkbox"/> Sick	<input type="checkbox"/> School Business/ Conference/Seminar	<input type="checkbox"/> Leave Without Pay* <small>(If checked, Supervisor must complete the Leave Without Pay block.)</small>	<input type="checkbox"/> Civil/Jury**
<input type="checkbox"/> Personal Leave			<input type="checkbox"/> Family Medical Leave Act **(FMLA)

<input type="checkbox"/> Other Leave Specify:	Reason for Leave (If necessary):
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<input type="checkbox"/> Light Duty** Explain:	**Attach supporting documents
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Substitute Required: <input type="checkbox"/> Yes <input type="checkbox"/> No This is a 1:1 position: <input type="checkbox"/> Yes <input type="checkbox"/> No	This is a Job Coach position: <input type="checkbox"/> Yes <input type="checkbox"/> No
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<input type="checkbox"/> Leave Not Approved (Provide Explanation in Comments Section Below)	*Leave Without Pay <input type="checkbox"/> Authorized Absence <input type="checkbox"/> Unauthorized Absence
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Comments:

Date of Request	Employee's Signature	Date Approved	Supervisor's OR Other Approving Authority's Signature
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OFFICIAL USE ONLY	Type of Leave	Hour Code	Date Entered/Initials
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