

Employee's Name: _____ I.D. No: _____ Department (Organization): _____

Type of Leave Requested	No. of Days	Beginning Date	Ending Date	Reason for Absence	FMLA*
_____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

My Duties will be covered by: _____ Comments: _____

Employee's Digital Signature: _____ Date: _____

Approvals:

Department or Division Head: _____ Date: _____ Approve Disapprove

Dean or Director: _____ Date: _____ Approve Disapprove

Vice Chancellor/Chancellor:*** _____ Date: _____ Approve Disapprove

Note: All leaves from scheduled work must be approved at least one week in advance when possible. Sick leave should be reported immediately upon return.
 * Family Medical Leave Act (FMLA): A copy of all forms designating FLMA must be sent to Human Resources and all time will be counted against the employee's annual 12 week entitlement.
 **For Bereavement Leave include your relationship to the deceased under the column "reason for Absence". Please refer to the Employee Handbook for the Bereavement Leave policy at
 ***Approval needed for Dean/Director reporting to the Vice Chancellor
DISTRIBUTION: 1-Dean/Director 2-Department 3-Employee