

Requests for leave should be completed, signed and submitted to the Business Office one week in advance for pre-planned activities.

Employee Name (Last Name, First Name):		Employee Signature:	
Department:	HR ID# or SSN:	Date:	

EDUCATIONAL LEAVE: List specific days and hours in the Scheduled Dates section below.

<input type="checkbox"/>	Name of Conference, Meeting, Training or Activity:	Sponsoring Organization:		
	Location (City and Facility):	Purpose :		
	Hotel Stay Required: <input type="checkbox"/> Yes <input type="checkbox"/> No	Lodging Name/Location::	List dates of stay:	Funding Source:

SICK LEAVE: List specific days and hours in the Scheduled Dates section below.

<input type="checkbox"/> Regular Sick Leave	<input type="checkbox"/> Extended Sick Leave	<input type="checkbox"/> Family Sick Leave ≤56 hours per academic year)
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OTHER LEAVES: List specific days and hours in the Scheduled Dates section below.

<input type="checkbox"/> Personal Necessity Leave (Classified employees refer to Local 1 Article 9.3.1 for approved usage definition.)	
<input type="checkbox"/> Vacation	<input type="checkbox"/> Judicial/Official Appearance (subpoena)
<input type="checkbox"/> Family Bereavement Leave	<input type="checkbox"/> Authorized Leave without Pay
<input type="checkbox"/> Industrial Leave	<input type="checkbox"/> Other:

SCHEDULED DATES: List total hours for a week. By specific date, list from and to hours in that day.

Date or Week	Time		Total Number of Hours	Date or Week	Time		Total Number of Hours
	From	To			From	To	

SIGNATURES:

<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved	Manager/Supervisor Signature:	Date:
<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved	President/Designee Signature (as needed):	Date:

Actual leave is recorded from Weekly Absence Reports. Return distribution of this form will only be made for conference/meeting leave, if disapproved or employee does not have sufficient leave to cover the request.