

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"/> Judicial/Official Appearance (subpoena)
<input type="checkbox"/> Vacation	<input type="checkbox"/> Authorized Leave without Pay
<input type="checkbox"/> Family Bereavement Leave	<input type="checkbox"/> Other:
<input type="checkbox"/> Industrial Leave	

**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 Online 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.