



**REQUEST FOR LEAVE**

EMPLOYEE NAME \_\_\_\_\_ DATE \_\_\_\_\_

Office or Department \_\_\_\_\_

**Request Leave For the following reason:**

\_\_\_\_\_ **Funeral Leave:** Name / Relationship: \_\_\_\_\_ on \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Additional Sick / Vacation hours requested: \_\_\_\_\_

Please submit documentation of relationship (i.e., specifically named in an obituary) and verification of attendance at the funeral (statement from clergy / funeral director).

\_\_\_\_\_ **Military Leave:**  with pay  with differential pay

Please attach your military orders specifying date of leave and monthly rate of pay.

\_\_\_\_\_ **Court / Jury Duty:** Beginning \_\_\_\_ / \_\_\_\_ / \_\_\_\_ and ending \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Please attach a copy of subpoena or summons ordering you to report for jury duty.

\_\_\_\_\_ **Work Related Injury – An Incident / Accident Report MUST be on file with Human Resources.**

\_\_\_\_\_ **Leave without Pay:** Reason: \_\_\_\_\_

**Total Hours Requested**

*I do certify the statements herein to be true and factual. I understand that payment for jury duty, military leave and work-related injuries may be withheld until all information I have stated on this application is verified and until I have complied with all rules and regulations as stated on this application and in the University's Handbook for Administrative & Support Staff. Further, I understand that falsification of this application may constitute fraud, may result in a refund by me to the University, and/or may result in disciplinary procedures, up to and including dismissal.*

**Employee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Hours Accrued Prior to Above Request: \_\_\_\_\_ Sick Leave \_\_\_\_\_ Vacation \_\_\_\_\_

**Supervisor / Department Head Action:**

\_\_\_\_\_ **Approved**

\_\_\_\_\_ **Disapproved; Reason:** \_\_\_\_\_

**Supervisor's Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_