



THE UNIVERSITY OF TEXAS AT EL PASO
PAID and NON-PAID LEAVE REQUEST & REPORT FORM

Employee Name: _____	Employee ID: _____
Department: _____	
Leave Date(s): FROM: _____	THRU: _____

TYPE OF LEAVE: Please indicate the appropriate type of leave and indicate hours taken. All leaves require approval from University Administration.

<input type="checkbox"/> VACATION _____ Day / Hours <input type="checkbox"/> SICK LEAVE _____ Day / Hours <input type="checkbox"/> JURY DUTY _____ Day / Hours <input type="checkbox"/> BEREAVEMENT _____ Day / Hours <input type="checkbox"/> EDUCATIONAL _____ Day / Hours <input type="checkbox"/> FLSA/STATE COMP _____ Day / Hours **For any other type of Leave of Absence Request contact HR.	<p align="center">*** For Approved Intermittent FMLA Only ***</p> <p align="center"><input type="checkbox"/> FAMILY & MEDICAL LEAVE (FMLA)**</p> <input type="checkbox"/> SICK LEAVE _____ Day / Hours <input type="checkbox"/> VACATION _____ Day / Hours <input type="checkbox"/> UNPAID LEAVE _____ Day / Hours ** Timekeeper: <ul style="list-style-type: none">• Please enter comment "Intermittent FMLA"• Unpaid time will be entered in Time and Labor
Comments/Remarks: _____	

EMPLOYEES SIGNATURE: _____ DATE: _____

DEPARTMENTAL ACTION:			
<input type="checkbox"/> Recommend Approval	<input type="checkbox"/> Recommend Denial	Supervisor: _____	Date: _____
<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	Department Head: _____	Date: _____

*Copy: SUPERVISOR/DEPT. HEAD * Copy: EMPLOYEE