



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

Employee Name: _____	
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 _____ Days/Hours <input type="checkbox"/> SICK LEAVE _____ Days/Hours <input type="checkbox"/> JURY DUTY _____ Days/Hours <input type="checkbox"/> BEREAVEMENT _____ Days/Hours <input type="checkbox"/> EDUCATIONAL _____ Days/Hours <input type="checkbox"/> FLSA/ STATE COMP: _____ Days/Hours ** For any other type of Leave of Absence Request contact HR.	<p align="center">*** For Approved Intermittent FMLA Only ***</p> <input type="checkbox"/> FAMILY & MEDICAL LEAVE (FMLA)** <input type="checkbox"/> Sick Leave _____ Days/Hours <input type="checkbox"/> Vacation _____ Days/Hours <input type="checkbox"/> Unpaid _____ Days/Hours ** Timekeeper: Unpaid time will be entered in Time and Labor
--	--

Comments/Remarks: _____

EMPLOYEE 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