

**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	<p align="center">***Other Leave Types*** (Must consult with HR Leave Administration)</p> <input type="checkbox"/> PARENTAL LEAVE _____ Day / Hours <input type="checkbox"/> VETERAN'S HEALTH LEAVE _____ Day / Hours <input type="checkbox"/> MILITARY LEAVE _____ Day / Hours <input type="checkbox"/> UNPAID LEAVE _____ Day / Hours <input type="checkbox"/> OTHER _____ Day / Hours
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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: _____	