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| --- | --- |
| **Employee Name:** Click here to enter text. | **Employee ID:** Click here to enter text. |
| **Department:** Click here to enter text. |
| **Leave Date(s): FROM:** Click here to enter text. | **THRU:** Click here to enter text. |
| **TYPE OF LEAVE:** *Please indicate the appropriate type of leave and indicate hours taken.* ***All leaves require approval from University Administration.*** |
| [ ]  VACATION Click here to enter text. Days / Hours[ ]  SICK LEAVE Click here to enter text. Days / Hours[ ]  JURY DUTY Click here to enter text. Days / Hours[ ]  BEREAVEMENT Click here to enter text. Days / Hours[ ]  EDUCATIONAL Click here to enter text. Days / Hours[ ]  FLSA/ STATE COMP Click here to enter text. Days / Hours**\*\*For any other type of Leave of Absence Request contact HR.** | **\*\*\* For Approved Intermittent FMLA Only \*\*\***[ ]  FAMILY & MEDICAL LEAVE (FMLA)\*\*[ ]  SICK LEAVE Click here to enter text. Days / Hours[ ]  VACATION Click here to enter text. Days / Hours[ ]  UNPAID LEAVE Click here to enter text. Days / Hours**\*\* Timekeeper:** * **Please enter comment “Intermittent FMLA”**
* **Unpaid time will be entered in Time and Labor**
 |
| **Comments/Remarks:** Click here to enter text. |
| **EMPLOYEES SIGNATURE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
|  |
| **DEPARTMENTAL ACTION:** [ ]  **Recommend Approval** [ ]  **Recommend Denial Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** [ ]  **Approved** [ ]  **Denied Department Head: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  |

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