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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**