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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.*** | |
| Day / Hours  Day / Hours  Day / Hours  Day / Hours  Day / Hours  Day / Hours  VACATION Click here to enter text.  SICK LEAVE Click here to enter text.  JURY DUTY Click here to enter text.  BEREAVEMENT Click here to enter text.  EDUCATIONAL Click here to enter text.  FLSA/STATE COMP Click here to enter text.  **\*\*For any other type of Leave of Absence Request contact HR.** | **\*\*\* For Approved Intermittent FMLA Only \*\*\***  FAMILY & MEDICAL LEAVE (FMLA)\*\*  Day / Hours  Day / Hours  Day / Hours  SICK LEAVE Click here to enter text.  VACATION Click here to enter text.  UNPAID LEAVE Click here to enter text.  **\*\* 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**