UTEP OFFICE OF HUMAN RESOURCES

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.***

☐ VACATION _____ Day / Hours	***Other Leave Types*** (Must consult with HR Leave Administration)
☐ SICK LEAVE _____ Day / Hours	☐ PARENTAL LEAVE _____ Day / Hours
☐ JURY DUTY _____ Day / Hours	☐ VETERAN'S HEALTH LEAVE _____ Day / Hours
☐ BEREAVEMENT _____ Day / Hours	☐ MILITARY LEAVE _____ Day / Hours
☐ EDUCATIONAL _____ Day / Hours	☐ UNPAID LEAVE _____ Day / Hours
☐ FLSA/STATE COMP _____ Day / Hours	☐ OTHER _____ Day / Hours

Comments/Remarks:

EMPLOYEES SIGNATURE:_____ **DATE:** _____

DEPARTMENTAL ACTION:

☐ **Recommend Approval** ☐ **Recommend Denial** **Supervisor:** _____ **Date:** _____

☐ **Approved** ☐ **Denied** **Department Head:** _____ **Date:** _____

Updated: May 22, 2025