****

 APPLICATION FOR LEAVE

Department of Human Resources

 **Instructions:**

1. Complete form in ink and print clearly
2. Submit complete form with Timesheet for applicable pay period

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Employee Name (Printed) | Banner ID | Hours of Leave:  | From am/pmDate:  | To am/pm Date:  |
| **Chargeable Leave Request** □ Annual □ Sick □ Personal – 9 mo. faculty | **Family Medical Leave Act**□ Self □ Intermittent □ Family |
| Non-Chargeable Leave Request (Backup Documentation MUST Accompany Approved Leave Form)□ Funeral □ Hazardous Duty □ Jury Duty □ Military □ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Comments  |
| I CERTIFY THAT MY ABSENCE FROM WORK WAS FOR THE REASON NOTED |
| Employee Signature:  | Date: |
| Approval Signature: | Date: |
| Approval Printed Name:  |

*Rev. 05/2019*

**FOR HUMAN RESOURCES USE ONLY**

Received in Payroll Date: Reviewed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:

Current Pay Period: BW Leave Taken in Pay Period: BW

Matches Timesheet? Yes No Balance Adjustments Needed? Yes No

If yes, date adjustments made:

Audited by: Date: