****

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/pm  Date: | | 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: