

# REQUEST FOR LEAVE OF ABSENCE

This form is used for routine leave of absence requests. To request leave because of a personal or family member's serious health condition, to care for a child with a condition that requires treatment or supervision, or for parental leave for a new born or newly placed adoptive or foster child, consult with your supervisor or department manager to use the correct leave request form.

Leave Request Information	
Duration of Requested Leave of Absence	Reason for Request
Leave Start Date: _____	<input type="checkbox"/> Vacation
Leave End Date: _____	<input type="checkbox"/> Personal illness or medical appointment*
	Is leave due to a work related injury/illness <input type="checkbox"/> Yes <input type="checkbox"/> No

Specify the types of leave you wish to use, the dates on which to apply it, and the total leave hours of each type of leave.

<input type="checkbox"/> Sick Leave			<input type="checkbox"/> Vacation Leave			<input type="checkbox"/> Compensatory Time			<input type="checkbox"/> Leave Without Pay		
From Date	To Date	Hrs	From Date	To Date	Hrs	From Date	To Date	Hrs	From Date	To Date	Hrs
Total SL hrs			Total VL hrs			Total Comp Time hrs			Total LWOP hrs		

I wish to use my personal holiday on: (date) \_\_\_\_\_

Print Name \_\_\_\_\_ Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

**Approval**

Supervisor Signature \_\_\_\_\_ (date) \_\_\_\_\_ Department Manager/Unit Head (if required) \_\_\_\_\_ (date) \_\_\_\_\_

A copy of all requests for leave without pay of 10 days or more must be sent to the Human Resources Operations Office.