

# LEAVE REQUEST

## General Data

Use a separate form for each type of leave requested.

Attendance Unit:

Time and Attendance Processor's Name:

Posted:

Employee's Last Name:

First Name:

Personnel Number:

Division, Section, or Unit:

**Leave Beginning:**

Time:

AM

PM

Month/Day/Year:

**Leave Ending:**

Time:

AM

PM

Month/Day/Year:

Minutes	Tenths	Minutes	Tenths
1-6	.1	31-36	.6
7-12	.2	37-42	.7
13-18	.3	43-48	.8
19-24	.4	49-54	.9
25-30	.5	55-60	1.0

**Total Hours Requested:**

## Leave Type Selection

Leave Type:

If Leave Without Pay is selected, Supervisor must complete the Leave Without Pay block.

Comments:

Employee's Signature:

Date of Request:

*Please type your full name in the signature field. Do not use E-sign features or insert signature images.*

## To be completed by Supervisor/Approving Authority

Leave Not Approved (Provide explanation in comments section below)

\*LEAVE WITHOUT PAY:

Authorized Absence

Unauthorized Absence

Comments:

Supervisor's/ Other Approving Authority's Signature:

Date:

*Please type your full name in the signature field. Do not use E-sign features or insert signature images.*

Compensation for leave cannot exceed the total amount of leave accumulated. Should leave be approved in excess of the total accumulated, it will not be compensated.