



Leave Request

Employee Reporting Absence is:

Employee's Name _____
(PLEASE PRINT)

Full-Time Adjunct
 Part-time

Employee's CougarID Number _____

Leave Requests should be submitted in advanced of the date for which leave is requested. In the case of sick leave, forms must be submitted within three (3) days after the use of sick leave.

FML Please check FML when your absence qualifies under the Family and Medical Leave Act. Request shall be 30 days in advance when possible or as soon as possible otherwise. Even if FML is not requested, time away may be designed if it qualifies under the Act.

Date _____ Hour (s) _____

Date _____ Hour (s) _____

Total number of hours _____

(FOR PAYROLL USE ONLY)

Time available _____

Time to be deducted _____

Total amount deducted _____

SICK LEAVE (Adjunct Faculty: Please specify the number of **contact hours** missed.)

Date _____ Hour (s) _____

Date _____ Hour (s) _____

Total number of hours _____

(FOR PAYROLL USE ONLY)

Time available _____

Time to be deducted _____

Total amount deducted _____

VACATION

Date _____ Hour (s) _____

Date _____ Hour (s) _____

(FOR PAYROLL USE ONLY)

Time available _____

Time to be deducted _____

Total amount deducted _____

PERSONAL BUSINESS LEAVE

Date _____ Hour (s) _____

Date _____ Hour (s) _____

MILITARY DUTY

Date _____ Hour (s) _____

JURY DUTY

Date _____ Hour (s) _____

All leave will be charged to the accumulated balance of the appropriate category, with one hour being the minimum to be charged per occurrence and half-hour increments thereafter. Your accumulated leave must be sufficient to cover the amount of time requested. Sick leave shall not be used for any other purposes.

Employee Signature _____ Date _____

Administrator Signature _____ Date _____

Approved _____ Not Approved _____

Comments _____