LEAVE REQUEST – STAFF
LIFE UNIVERSITY

_____ ____/____/____
Last Name First Name Date of hire

Department _____

First date absent ____/____/____ am pm Date returned to work ____/____/____

REASON FOR ABSENCE

☐ Vacation-# of days requested_____

☐ Personal Leave - # of hours_____

☐ Military leave

☐ Time off without pay-# of days_____

☐ Bereavement-# of days_____
Relationship to employee_____

☐ Jury duty (attach copy of summons with Leave Request. Send to HR any further information you receive about your jury duty.)

☐ Leave Transfer _____

Please note that time off without pay will only be given when all vacation and personal leave are exhausted. Leave transfer hours are donated from your leave bank and applied to the leave bank of the recipient.

Explanation of leave transfer:_____

FOR HR USE ONLY:
Request approved?

Vacation Yes_____ No____
Vacation days remaining _____
Personal Yes_____ No ____
Personal leave hours remaining _____
Military leave Yes _____ No ____

Time off without pay Yes_____ No _____
Bereavement Yes_____ No _____
Jury Duty Yes_____ No _____
Other Yes _____ No _____

Explanation: _____

SIGNATURES:

_____ _____
Employee-Please do not separate form Date

_____ _____
Supervisor/Dept. Head – does not imply eligibility Date

_____ _____
Human Resources Date

White-Human Resources **Yellow- Payroll** **Pink-Department** **Gold-Employee**
Rev. 3/08