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.)
- ☐ Other_____

Please note that time off without pay will only be given when all vacation and personal leave are exhausted.

Explanation:_____

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

Copy-Human Resources **Copy- Payroll** **Copy-Department** **Copy-Employee**

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