



LEAVE REQUEST

This form must be submitted to and approved by your immediate supervisor prior to the use of any type of leave, except in the event of an unexpected illness, and then the form should be completed upon your return.

Employee's Last Name	First Name	Campus / Department / EMP ID #
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Day Leave Began		Last Day of Leave		Total Days or Hours Requested		
Hour	<input type="checkbox"/> AM <input type="checkbox"/> PM	Month- Day- Year	Hour	<input type="checkbox"/> AM <input type="checkbox"/> PM	Month- Day- Year	Total Days or Hours

Type of Leave	If Employee Checks a Box Below, Forward to Payroll
<input type="checkbox"/> EMP ILLNESS <input type="checkbox"/> FAMILY ILLNESS <input type="checkbox"/> Personal Leave <input type="checkbox"/> Vacation <input type="checkbox"/> School Business/ Conference/Seminar <input type="checkbox"/> Adjusted Leave <input type="checkbox"/> Other Leave: Please Explain	<input type="checkbox"/> Job Related Injury/ Illness** <input type="checkbox"/> Family Medical Leave Act (FMLA)** (also check emp or family illness) <input type="checkbox"/> Light Duty** <small>**Attach supporting documents</small> <input type="checkbox"/> Military Leave** <input type="checkbox"/> Civil/Jury** (if paid by court, check should be endorsed over to NHREC)

Substitute Required: <input type="checkbox"/> Yes <input type="checkbox"/> No	Is this an APS position: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Admin Leave <input type="checkbox"/> Paid Leave <input type="checkbox"/> Unpaid Leave
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<input type="checkbox"/> Occurrence (Provide Explanation in Comments Section Below)	*Leave Without Pay <input type="checkbox"/> Authorized Absence <input type="checkbox"/> Unauthorized Absence
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Comments:

Date of Request	Employee's Signature	Date Approved	Supervisor's OR Other Approving Authority's Signature
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OFFICIAL USE ONLY	Type of Leave	Hour Code	Date Entered/Initials
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