



UNIVERSITY OF HOUSTON-VICTORIA
LEAVE REQUEST

NAME: _____ DEPT: _____

I request that I be granted leave for the following:

Vacation Leave _____ (hrs) Start date: _____ Ending date: _____
Start time: _____ Ending time: _____

Sick Leave* _____ (hrs) Start date: _____ Ending date: _____
Check applicable box(es):
[] Sick (Self) Start time: _____ Ending time: _____
[] Sick (Immediately Family)
[] Doctor's Appt (Self)
[] Doctor's Appt (Immediate Family)
[] Parent/Teacher Conference

Compensatory Leave _____ (hrs) Start date: _____ Ending date: _____
Start time: _____ Ending time: _____

Other _____ (hrs) Start date: _____ Ending date: _____
Check applicable box(es):
[] Jury Duty Start time: _____ Ending time: _____
[] Administrative Leave
[] Emergency/Bereavement Leave _____ (Specify relationship to deceased)
[] Leave without Pay _____
[] (Give Reason) _____

Comments:

[Empty box for comments]

Requested - Employee _____ Date _____
Approved - Supervisor _____ Date _____
Other Approval Signature (if required) _____ Date _____

This section pertains to Exempt Employees only.
Check appropriate box after entering or approving leave.
Signature is still required on this form.
[] Electronic Leave - Employee entered
[] Electronic Leave - Supervisor approved
[] Electronic Leave - Payroll Approver approved

*In case of illness, leave requests may be completed after returning to work. For definition of immediate family, see UH-Victoria policy, C-1. Sick leave is a privilege provided to protect the employee's income during periods of illness. Abuse of sick leave is a violation of UH-Victoria policy, C-1. Sick leave may be authorized for Parent/Teacher Conference, see UH-Victoria policy, C-1.

For biweekly employees, attach the approved original Leave Request to the employee's time sheet and forward to Human Resources Office at the end of the pay period.