

**Faculty and Staff
U of U Department of Pediatrics
Employee Leave Request**

(Refer to the Department of Pediatrics Time and Attendance Policy)

Employee: _____	Date of Request: _____
Employee ID: _____	

- | | |
|--|---|
| <input type="checkbox"/> Vacation | <input type="checkbox"/> Funeral Leave |
| <input type="checkbox"/> Sick ¹ | <input type="checkbox"/> Jury Duty |
| <input type="checkbox"/> Personal Preference Leave | <input type="checkbox"/> Military Leave |
| <input type="checkbox"/> FMLA ² | <input type="checkbox"/> Professional Development |
| | <input type="checkbox"/> Other: _____ |

¹ Complete *Employee Leave Request* form upon return to work if absence is unscheduled.
² FMLA must be approved by HR. HR forms required for FMLA are located at <http://www.hr.utah.edu/forms>.

Permission is requested to be absent for:

_____ Day(s) on the Following Date(s): _____

_____ Hour(s) on the Following Date(s): _____

If appropriate, state who is responsible for covering your responsibilities while on leave (example: clinic coverage, etc):

If this is an extended leave of absence, please provide the phone number where you can be reached.

Phone: _____

- | | |
|--|---|
| <input type="checkbox"/> Approved | <input type="checkbox"/> Disapproved |
|--|---|

Supervisor, if disapproved, please give reason: _____

Employee Signature Date

Supervisor Signature Date