



TUSKEGEE UNIVERSITY

OFFICE OF HUMAN RESOURCES MANAGEMENT

EMPLOYEE LEAVE REQUEST FORM

Name: _____ Date: _____

Title: _____ Department: _____

Type of Leave Requested (check all that apply):

- Emergency Vacation Sick/Personal Military Family Medical Leave (FML)
- Leave without pay (LWOP) Bereavement Other

I request leave on the date(s) indicated below to be charged as follows:

EMERGENCY LEAVE: _____ to/and _____
Date Date

VACATION LEAVE: _____ to/and _____
Date Date

SICK LEAVE/PERSONAL: _____ to/and _____
Date Date

LEAVE OF ABSENCE: _____ to/and _____
Date Date

MILITARY: _____ to/and _____
Date Date

BEREAVEMENT: _____ to/and _____
Date Date

OTHER: _____ to/and _____
Date Date

OFFICIAL BUSINESS FOR TUSKEGEE UNIVERSITY

Purpose: _____

City/State: _____

_____ to/and _____
Date Date

Employee Signature: _____ Date: _____

Approval Signature: _____ Date: _____