University of Central Oklahoma
Request/Approval Leave Form - Date: _____

☐ Monthly

_____   _____
Name of Employee   Banner ID #

☐ Bi-Weekly

_____   _____
Position Title   Organization Name and Number

Please list below period(s) of absence: **EMPLOYEE REQUESTING LEAVE ENTRY**
From (time) hh:mm am/pm, on (date) mm/dd/yy

From_____ am/pm on _____to _____am/pm on_____   From_____ am/pm on _____to _____am/pm on _____

From_____ am/pm on _____to _____am/pm on_____   From_____ am/pm on _____to _____am/pm on _____

From_____ am/pm on _____to _____am/pm on_____   From_____ am/pm on _____to _____am/pm on _____

Total leave time requested? _____   Total leave time distributed: _____

Indicate distribution of leave requested and submit all required documentation. **** **Do Not Request Unearned Leave** ****

VACATION LEAVE (**VAC**) _____ HOURS   COMP TIME TAKEN (**CTT**) _____ HOURS

FMLA VACATION LEAVE (**FMV**) _____ HOURS   **FMLA** COMP TIME TAKEN (**FMC**) _____ HOURS

SICK LEAVE (**SIC**) _____ HOURS   FUNERAL LEAVE (**FNL**) _____ HOURS

FMLA SICK LEAVE (**FMS**) _____ HOURS   Attended funeral of _____
(Sick Leave is for illness or appointment with a medical professional. Your supervisor or the institution may require a physician's statement or release to return to work. FMLA paperwork may be required if absent more than 10 days.)
    (See Employee Handbook regarding number of hours approved for specific situations. Time off to attend funeral of non-family member should be requested as Vacation or, with prior approval of the Employee Relations Manager, as Personal Leave.)

JURY LEAVE (**JUR**) _____ HOURS
(Copy of subpoena for jury duty must be attached.)

DISASTER LEAVE (**DSL**) _____ HOURS
(Disaster Leave will be charged against SICK Leave balance. Disaster Leave is limited to 80 hours per calendar year. See Employee Handbook for definition.)   MILITARY LEAVE (**MLP**) _____ HOURS
(Copy of military orders must be attached.)

PERSONAL LEAVE (**PER**) _____ HOURS   VOTING LEAVE (**VOT**) _____ HOURS
(Personal Leave will be charged against SICK Leave balance. Personal Leave is limited to 40 hours per calendar year.)

LEAVE WITHOUT PAY (**DOC**) _____ HOURS
(Leave Without Pay is entered only when all available leave has been depleted.)

EXCUSED ABSENCE (**ABS**) _____ HOURS
(Used only when University is officially closed.)   **FMLA** LEAVE WITHOUT PAY (**FMD**) _____ HOURS

COMMUNITY SERVICE LEAVE (CSL) _____ HOURS (Name of Organization _____)

_____   _____
Signature of Employee   *Date*

_____   _____
Signature of Supervisor   *Date*

TIMEKEEPER DATA ENTRY

Absence to be charged on Time Report dated _____ and charged as:

VAC _____ HOURS	PER _____ HOURS	FNL _____ HOURS	VOT _____ HOURS
FMLA _____ HOURS	ABS _____ HOURS	JUR _____ HOURS	DOC _____ HOURS
SIC _____ HOURS	CTT _____ HOURS	MLP _____ HOURS	CSL _____ HOURS
DSL _____ HOURS			

Timekeeper signature verifies the employee has the requested leave balance available.

_____   _____
Signature of Timekeeper   *Date*

Revised 06/11/14