



DEPARTMENT OF HIGHER EDUCATION
Finance and Administration
Employee Leave Request

PART I - EMPLOYEE REQUEST			
Name of Employee (<i>Last, First, MI</i>)		BEGIN LEAVE: (Hour) (Date)	
Personnel Number	Business Area	Personnel Area	END LEAVE: (Hour) (Date)

PART II - LEAVE CATEGORIES AND CODES		<i>Leave may be requested in 15-minute increments only.</i>																																																																															
<input type="checkbox"/> Check here if the requested Leave is Family Medical Leave, Military Leave or Workers Compensation related. (Provide documentation).																																																																																	
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PART III - AUTHORIZATION		
<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	Approving Authority	Date
<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	Approving Authority	Date
	Timekeeper's Signature	Date