

**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: _____	

- | | |
|---------------------------------|---|
| _____ Vacation | _____ FMLA ² |
| _____ Sick ¹ | _____ Jury Duty |
| _____ Personal Preference Leave | _____ Military Leave |
| _____ Funeral Leave | _____ Professional Development³ |
- (complete info below)

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): _____

³PROFESSIONAL DEVELOPMENT: Please provide the location, meeting name, and an explanation (up to 3 sentences) as to how this meeting will advance your professional development.

Location: _____ Meeting Name: _____

Are you presenting? Yes No Who is paying for this trip? _____

Explanation: _____

If this is an extended leave of absence, please provide information on where you can be reached.

Address: _____ Phone: _____

_____ **Approved** _____ **Disapproved**

Supervisor, if Disapproved, please give reason: _____

Employee Signature Date

Supervisor Signature Date