



# UT Health

San Antonio

Cell Systems & Anatomy

## LEAVE REQUEST FORM (EXEMPT EMPLOYEES)

*Not entitled to overtime pay*

**NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

TYPE OF LEAVE		DATE		TIME		TOTAL HOURS
		START	END	START	END	
<input type="checkbox"/> Vacation	Other:					
<input type="checkbox"/> Sick	<input type="checkbox"/> Jury Duty					
<input type="checkbox"/> Personal	<input type="checkbox"/> Funeral					
	<input type="checkbox"/> Military					
<input type="checkbox"/> Vacation	Other:					
<input type="checkbox"/> Sick	<input type="checkbox"/> Jury Duty					
<input type="checkbox"/> Personal	<input type="checkbox"/> Funeral					
	<input type="checkbox"/> Military					
<input type="checkbox"/> Vacation	Other:					
<input type="checkbox"/> Sick	<input type="checkbox"/> Jury Duty					
<input type="checkbox"/> Personal	<input type="checkbox"/> Funeral					
	<input type="checkbox"/> Military					
<input type="checkbox"/> Vacation	Other:					
<input type="checkbox"/> Sick	<input type="checkbox"/> Jury Duty					
<input type="checkbox"/> Personal	<input type="checkbox"/> Funeral					
	<input type="checkbox"/> Military					

**Employee Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Supervisor Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

*Whenever possible, please obtain your supervisor's signature in advance.  
Please turn in a copy with your monthly time sheet.*