



Angelo State University
Departmental Leave Request Form

This is an optional leave request form and may be used by departments based on supervisor preference. This form should be completed by the employee and then submitted to the employee's supervisor for approval prior to the anticipated time off. DO NOT send this form to Human Resources as it will not become the part of the employee's official personnel file.

Approved leave taken or unscheduled sick leave taken for the month must be reported by all employees through the Online Leave Reporting System during the reporting period in the following month.

Employee Name: [text box]

Employee CID: [text box]

Type of Leave Requested:

[checkbox] Vacation

[checkbox] Sick Leave

(A sick leave absence of greater than 3 days require the employee to provide a doctor's certification or written statement of facts surrounding the absence and the nature of the illness. This certification will need to be sent to the Office of Human Resources)

[checkbox] Bereavement

[checkbox] Leave Without Pay

[checkbox] Other (please specify): [text box]

Requested Dates/Hours:

Beginning Date: [text box]

Ending Date: [text box]

Total Leave Hours Requested/Taken: [text box]

Reason for Leave Request:

[text box]

Beginning Date: [text box]

Ending Date: [text box]

Total Leave Hours Requested/Taken: [text box]

Reason for Leave Request:

[text box]

Beginning Date: [text box]

Ending Date: [text box]

Total Leave Hours Requested/Taken: [text box]

Reason for Leave Request:

[text box]

Employee Signature: _____

Date: _____

Supervisor Signature: _____

Date: _____