APPLICATION FOR LEAVE

UHD UH-Downtown

EMPLOYEE DATA

*Employee I.D. Number: [   ]   Department: [   ]

First Name: [   ]   Middle Initial: [   ]   Last Name: [   ]

**LEAVE REQUEST 1

Start Date: [   ]   End Date: [   ]

Start Time: [   ] AM/PM [   ]   End Time: [   ] AM/PM [   ]

Total Hours Taken During Leave: [   ]   Leave Requested: [   ]

**LEAVE REQUEST 2

Start Date: [   ]   End Date: [   ]

Start Time: [   ] AM/PM [   ]   End Time: [   ] AM/PM [   ]

Total Hours Taken During Leave: [   ]   Leave Requested: [   ]

University Duties Are To Be Cared For By The Following Persons

[   ]

[   ]

[   ]

Address During Leave

Address [   ]

City [   ]   State [   ]

Zip Code [   ]   Country [   ]

REQUIRED SIGNATURES

Employee's Signature

[   ]

Supervisor's Signature

[   ]

[   ]

*Not social security number. Employee I.D. Number can be found on employee's timesheet.

**Employees absent from work because of illness must complete a leave request immediately upon return to work. Employees absent for more than three consecutive working days due to illness must present, immediately upon returning to work, a doctor's statement indicating the cause or nature of the illness.

ESO
EMPLOYMENT SERVICES AND OPERATIONS