

Southeastern Oklahoma State University

Request/Approval of Leave Form

CIRCLE ONE

Exempt

Non-Exempt

Name of Employee

Job title

Department

FOR USE OF EMPLOYEE REQUESTING LEAVE

When will/did this absence begin? _____ time _____ date

When will/did you return to work? _____ time _____ date

How many hours leave are you requesting? _____

Indicate type leave you are requesting and submit required documentation. **Do not request leave that you do not have available to you.**

ANNUAL LEAVE _____ HOURS.

PERSONAL LEAVE _____ HOURS.

MILITARY LEAVE _____ HOURS.

MATERNITY/PARENTAL LEAVE (Show above how leave is to be charged.)

(Furnish physician's release when you return to work.)

JURY DUTY _____ HOURS.

SICK LEAVE _____ HOURS.

A Physician's statement or release to return to work may be required by your supervisor for any period of sick leave.

SABBATICAL/STAFF DEVELOPMENT LEAVE _____ HOURS.

LEAVE WITHOUT PAY/UNPAID MEDICAL LEAVE _____ HOUR

REASON _____

(Leave without pay cannot be approved when you have paid leave available.)

FMLA LEAVE _____ HOURS.

(Contact Human Resources for Family Medical Leave requests.)

I certify that I have the above leave available to me. All statements I have made above are correct to the best of my knowledge.

Signature of Employee

Date

APPROVAL OF LEAVE BY SUPERVISOR

NOTE: If the employee does not have the type of leave requested available at the time of the absence, the request must be changed to show the correct type of leave before the request is approved.

EXAMPLES:

- 1 If the employee has requested sick leave and has no sick leave balance, the request must be changed to annual leave or leave without pay before it can be approved.
- 2 If employee has requested personal leave and has no personal leave balance, the request must be changed to annual or leave without pay before it can be approved.
- 3 If employee has requested annual leave and has no annual leave balance the request must be changed to leave without pay before it can be approved.

The employee does have the requested leave available at this time. The request is approved.

Department Supervisor

Date

FOR USE IN COMPLETING LEAVE REPORTS

Absence to be charged on time report dated _____.

Absence to be charged as:

ANNUAL LEAVE _____ HOURS.

PERSONAL LEAVE _____ HOURS.

MILITARY LEAVE _____ HOURS.

MATERNITY/PARENTAL LEAVE _____ HOURS.

JURY DUTY _____ HOURS.

SICK LEAVE _____ HOURS.

SABBATICAL/STAFF DEVELOP. LEAVE _____ HOURS.

LEAVE WITHOUT PAY/UNPAID MEDICAL _____ HOURS.

FMLA LEAVE _____ HOURS.

The above leave has been properly reported on the leave report dated _____.

Signature of Person Completing Leave Report

Date