



FACULTY LEAVE REQUEST

Employee Name: _____

LEAVE CODES			
A1 Employee Illness A2 Spouse/Dependent Illness A3 Employee/Dependent Medical Appointment	A4 Bereavement (Immediate Family)* A5 Birth/Adoption B1 Personal Leave	C1 Jury Leave (Attach Summons) D1 Military Leave (Attach Orders) E1 Other (Unpaid Leave)*	
LEAVE CODE	DATE	(From) TIME (To)	TOTAL DAYS
*EXPLAIN			
Employee Signature:		Supervisor Signature:	FMLA Approved <input type="checkbox"/> Yes <input type="checkbox"/> No A3 Preapproved <input type="checkbox"/> Yes <input type="checkbox"/> No
Date Requested:		Date Approved:	<input type="checkbox"/> Yes <input type="checkbox"/> No



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Date Requested:		Date Approved:	<input type="checkbox"/> Yes <input type="checkbox"/> No