LONG TERM EMPLOYEE LEAVE REQUEST

EMPLOYEE: _____ (LAST NAME) (FIRST NAME) (MI)				
EMPLOYEE I. D. NUMBER:				
POSITION NUMBER:	CLASSIFICATION:			
BARGAINING UNIT:	TABLE:	GRADE:	STEP:	
ANNUAL SALARY:	STD HRS:	HRLY RATE:		
DATE LEAVE STARTED:	BUDGET NUMBER:			

JUSTIFICATION FOR REQUEST:
APPROVING CABINET MEMBER: _____ DATE: _____ (SIGNATURE)

RECOMMENDATION OF VICE CHANCELLOR HUMAN RESOURCES:

APPROVAL OF BUSINESS SERVICES VICE CHANCELLOR: YES ☐ NO ☐ (IF NO PLEASE STATE REASON)
VICE CHANCELLOR, BUSINESS SERVICES _____ DATE _____ (SIGNATURE)

CHANCELLOR APPROVAL: YES ☐ NO ☐ (IF NO PLEASE STATE REASON)
CHANCELLOR _____ DATE _____ (SIGNATURE)

FOR BUSINESS SERVICES USE ONLY		AVAILABLE HOURS X RATE FOR PERIOD COVERED
AVAILABLE VACATION HOURS:		
AVAILABLE FULL SICK TIME HOURS:		
AVAILABLE HALF TIME SICK HOURS:		
TOTAL BUDGET REQUIRED		
POSITION NUMBER:	DISTRIBUTION:	

NOTE: (1) Leave Types: OJI (On the Job Injury); LVSC (Leave with Special Circumstance); LTI (Long Term Illness) 07/2008