

LONG TERM EMPLOYEE LEAVE REQUEST

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|------------------------|-----------------|--------------|
| 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: | |

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

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| RECOMMENDATION OF VICE CHANCELLOR HUMAN RESOURCES: |
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| APPROVAL OF BUSINESS SERVICES VICE CHANCELLOR: YES <input type="checkbox"/> NO <input type="checkbox"/> (IF NO PLEASE STATE REASON) |
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| VICE CHANCELLOR, BUSINESS SERVICES _____ DATE _____ |
| (SIGNATURE) |

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| CHANCELLOR APPROVAL: YES <input type="checkbox"/> NO <input type="checkbox"/> (IF NO PLEASE STATE REASON) |
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| |
| CHANCELLOR _____ DATE _____ |
| (SIGNATURE) |

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| 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