

## Leave Request Form

Name: \_\_\_\_\_

Date: \_\_\_\_\_

SF Id #: \_\_\_\_\_

Dept. #: \_\_\_\_\_

### Type of Leave:

Code	Hrs / Mins:	Code	Hrs / Mins:
1 Sick Leave	<input type="text"/>	8 Extended Personal Leave <i>(Pending Board Approval)</i>	<input type="text"/>
2 Vacation Leave	<input type="text"/>	10 Personal Leave <i>(4 days per fiscal year)</i>	<input type="text"/>
4 Military Leave	<input type="text"/>	11 Judicial Leave	<input type="text"/>
5 Sabbatical Leave	<input type="text"/>	12 Compensatory Time Used <i>(Career Service-non exempt only)</i>	<input type="text"/>
6 Consultant Leave	<input type="text"/>	13 Unpaid Leave	<input type="text"/>

### Family Medical Leave Act (FMLA)

*(only approved by Human Resources, must be on file within Human Resources)*

Code	Hrs / Mins:
31 FMLA Sick Leave	<input type="text"/>
32 FMLA Vacation Leave	<input type="text"/>
33 FMLA Unpaid Leave	<input type="text"/>

### Workers Compensation

*(Must be on file with Human Resources)*

Code	Hrs / Mins:
71 WC Sick Leave	<input type="text"/>
72 WC Unpaid Leave	<input type="text"/>

From Time: \_\_\_\_\_

Date: \_\_\_\_\_

To Time: \_\_\_\_\_

Date: \_\_\_\_\_

**Total Hour(s) / Minute(s) Missed:**

*Please remember leave can only be used in 15 minute increments*

Person (s) responsible for performing usual duties during your absence:

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\_\_\_\_\_  
**Employee Signature**

\_\_\_\_\_  
**Date:**

\_\_\_\_\_  
**Supervisor Signature**

\_\_\_\_\_  
**Date:**