



Ensure the most current form is submitted. Refer to EMACS Forms/Procedures website.

# LEAVE ABSENCE REQUEST

Must print in Black or Blue ink Only

<b>Employee ID</b>	<b>Last Name, First Name</b>	<b>Pay Period</b>
<b>Department / Division</b>		

<b>Types of Leave</b> <small>(More than one type of leave may be used)</small>	<b>Dates</b>	<b>Number of Hours</b> <small>(Not less than ¼ hour increments)</small>
Vacation (VAC)	_____ thru _____	_____
Holiday (HOL)	_____ thru _____	_____
Compensatory Time (CTT)	_____ thru _____	_____
Perfect Attendance (PAL)	_____ thru _____	_____
Absent without Pay Approved (WOPAP)	_____ thru _____	_____
Absent without Pay Unapproved (WOPUA)	_____ thru _____	_____
Sick (SCK)*	_____ thru _____	_____
Sick Family (SCKFM)**	_____ thru _____	_____
Sick without Pay (WOPSK)***	_____ thru _____	_____
Bereavement (BRV)****	_____ thru _____	_____
Other: _____	_____ thru _____	_____
Other: _____	_____ thru _____	_____

**Explanation** (for Sick or Sick Family Only):

- \* Sick                      Use Leave Request for Extended Sick or Special Leave form for leave over three (3) days.
- \*\* Sick Family            Refer to MOU for annual maximum. Use Leave Request for Extended Sick or Special Leave for leave over three (3) days.
- \*\*\* Sick without Pay    Use Leave Request for Extended Sick or Special Leave form for leave over three (3) days.
- \*\*\*\* Bereavement        Refer to appropriate MOU for eligibility.

<b>Employee Signature</b>	<b>Date</b>
---------------------------	-------------

<input type="checkbox"/> Approved	<b>Supervisor Signature</b>	<b>Date</b>
<input type="checkbox"/> Denied		

**Comments:**