CLASSICS STAFF REQUEST FOR AUTHORIZED LEAVE FORM

Please Submit Completed Form To The Office Manager

Employee: _____ **UT EID**_____

LEAVE DATES:

_____ to _____ for a total of _____ hours.
Start Date End Date

WHAT TYPE OF LEAVE IS BEING REQUESTED?

- ❑ **Vacation**
- ❑ **Sick**
- ❑ **Staff Education Benefit** (please list course/time on line, below)

_____ _____ _____

- ❑ **Bereavement**

Relationship of the deceased to the employee: _____

- ❑ **Jury Duty (Please attach appropriate documentation to this form.)**
- ❑ **Unpaid Leave (please explain on line, below)**

_____

- ❑ **Other (please explain on line, below)**

_____

_____ _____ _____
Employee Signature Title Date

_____ _____ _____ _____
Supervisor's Signature Approval Date Department Chair Approval Date

Comments: _____

NOTE: Leaves are considered on a first come, first served basis. It is the responsibility of the employee to request leave well in advance of the dates requested. Vacation and education leave is not granted until request is approved.
It is the responsibility of the supervisor to review the employee's request based on university and departmental guidelines and approve/disapprove within 5 working days of receipt of the request.
All leave must be taken in accordance with university policy as stated in the Revised Handbook of Operating Procedures (HOP).

Departmental Use Only:
Vacation Days Available: _____ Sick Days Available: _____