

**Department of Psychiatry and Health Behavior  
Staff Request for Leave**

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

Leave Dates: \_\_\_\_\_ through and including \_\_\_\_\_

**Type of Leave:**

Annual	_____	Furlough	_____
Unscheduled Holiday	_____	Jury Duty	_____
*Sick	_____	Comp Time	_____
LWOP	_____	Off-Campus	_____

**Total No. of hours absent** \_\_\_\_\_

**Coverage:**

Coverage provided by: \_\_\_\_\_

Emergency contact number(s): \_\_\_\_\_

**Comments:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Required signatures:**

Signature - Requesting Staff: \_\_\_\_\_ Date: \_\_\_\_\_

Signature – Employee Covering \_\_\_\_\_ Date: \_\_\_\_\_

Signature – Primary Faculty \_\_\_\_\_ Date: \_\_\_\_\_

Signature – Department Manager \_\_\_\_\_ Date: \_\_\_\_\_

**Notes:**

- ❖ All leave requires the approval by immediate supervisor.
  - Signature of “Primary Faculty” must be obtained for staff members working directly with an assigned faculty member.
- ❖ A two week notice is to be given for AL and UH. All leave must be coordinated between all employees involved.
- ❖ Unscheduled holidays must be taken before the end of the calendar year and must be taken in eight hour increments.
- ❖ Leave time exceeding the amount accrued by employee must be taken as leave without pay.
- ❖ If sick leave is claimed for six continuous work days a physician's statement is required to permit further claim for sick leave. A physician's statement may also be required for shorter absences if the employee's immediate supervisor believes that sick leave is being abused.
- ❖ For policies regarding all types of leave, please refer to Administrative Policies and Procedures 1.4.24 through 1.4.29 on [HR's web page](#) or the [Employee Handbook](#).