

Tuskegee University

Office of Human Resources Employee Leave Request

Date _____

Employee Name _____ Employee ID # _____

Department _____ Supervisor _____

Pay Cycle: ☐ Monthly ☐ Bi Weekly

Leave Information

Type of Leave	Hours Taken	Leave Dates
<input type="checkbox"/> Vacation		
<input type="checkbox"/> Sick		
<input type="checkbox"/> Emergency		
<input type="checkbox"/> Military		
<input type="checkbox"/> Leave without Pay (LWOP)		
<input type="checkbox"/> Administrative (voting/jury)		
<input type="checkbox"/> Bereavement		
<input type="checkbox"/> On-The-Job Injury		
<input type="checkbox"/> Other		

FMLA Hours (Employee taking FMLA hours must **FIRST** have FMLA approved by the Office of Human Resources **BEFORE** completing leave form. **AFTER** obtaining approval, employee must submit a copy of their leave request form to Human Resources, **AFTER** obtaining the supervisor signature.)

<input type="checkbox"/> FMLA (Choose leave balance FMLA should be deducted from)		
<input type="checkbox"/> Sick		
<input type="checkbox"/> Vacation		
<input type="checkbox"/> Emergency		
<input type="checkbox"/> LWOP		

Signatures

Employee _____ Date _____

I Agree, I am stating that all the information that I have provided, is correct and true to the best of my knowledge and typing my name in the above field serves as an signature.

Supervisor ☐ **Approved** ☐ **Denied**

Supervisor _____ Date _____

I Agree, I am stating that all the information that I have provided, is correct and true to the best of my knowledge and typing my name in the above field serves as an signature.

See TU Faculty/Staff handbooks for the Type of Leaves: [Human Resources | Tuskegee University](#)