



# FACILITIES MANAGEMENT

## LEAVE REQUEST

EMPLOYEE'S NAME

UID NUMBER

UNIT/SHOP

DATE SUBMITTED

TYPE OF LEAVE

ANNUAL

PERSONAL

SICK

OTHER \_\_\_\_\_

AMOUNT OF LEAVE

\_\_\_\_\_ DAY(S) OR \_\_\_\_\_ HRS.

LEAVE INTERVAL

BEGINNING: TIME \_\_\_\_\_ DAY \_\_\_\_\_

DATE \_\_\_\_\_

ENDING: TIME \_\_\_\_\_ DAY \_\_\_\_\_

DATE \_\_\_\_\_

SIGNATURE OF EMPLOYEE

SIGNATURE OF SUPERVISOR/DEPARTMENT HEAD

DATE

APPROVAL

DENIAL

REMARKS

**THIS FORM OR THE ELECTRONIC VERSION OF THIS FORM IS TO BE USED BY FACILITIES MANAGEMENT EMPLOYEES WHEN REQUESTING LEAVE.**

**THE APPROVAL OF LEAVE WILL BE IN ACCORDANCE WITH THE MEMORANDUM OF UNDERSTANDING AND CONCURRENT WITH UNIVERSITY POLICY.**

**ADVANCE REQUEST FOR LEAVE: ALL LEAVE INCLUDING ANNUAL, PERSONAL, AND SICK LEAVE FOR SCHEDULED MEDICAL APPOINTMENTS MUST BE REQUESTED IN ADVANCE ON A LEAVE REQUEST FORM AND IS SUBJECT TO APPROVAL BY THE SUPERVISOR. ADVANCE NOTICE REQUIREMENTS ARE AS FOLLOWS:**

**LESS THAN 1 DAY**

**1 TO 2 DAYS**

**3 TO 5 DAYS**

**MORE THAN 5 DAYS**

**1/2 WORKING DAY IN ADVANCE**

**ONE WORKING DAY IN ADVANCE**

**ONE WEEK IN ADVANCE**

**TWO WEEKS IN ADVANCE**

**YELLOW COPY RETURNED TO EMPLOYEE.**

**WHITE COPY RETAINED BY SUPERVISOR/SHOP DESIGNEE.**