

UNIVERSITY OF NEVADA, RENO

LEAVE REQUEST FORM

1. NAME: _____ 2. POSITION: _____

3. DIVISION: _____ 4. DEPT: _____

5. I Request From: _____ Through: _____

Totaling _____ working day(s) and/ or _____ hour(s)

6. CHARGED AS FOLLOWS (explain in remarks):

- | | | |
|---|---|---|
| <input type="checkbox"/> Annual Leave | <input type="checkbox"/> Sick Self | <input type="checkbox"/> Leave Without Pay |
| <input type="checkbox"/> Using Compensatory Time | <input type="checkbox"/> Sick Family | <input type="checkbox"/> Classified Furlough/Faculty Unpaid Leave |
| <input type="checkbox"/> Other(explain in remarks, i.e. administrative, military, civil, etc) | <input type="checkbox"/> Sick Family Death | |
| | <input type="checkbox"/> Family Medical Leave | |

REMARKS: _____

Please note that medical absences of extended duration may fall under the Family Medical Leave Act (FMLA).

7. To the best of my knowledge, the facts stated above are accurate and comply with leave requirements.

Employee's Signature: _____ Date: _____

8. APPROVAL BY SUPERVISOR: Approved Denied

9. FINAL APPROVAL (Optional) Approved Denied

Signature: _____ Date: _____

Signature: _____ Date: _____

10. POSTEDBY: _____

INSTRUCTIONS: This form must be completed in advance of leave except for illness, in which case the leave request must be completed and transmitted no later than two days after return to work. The original must be kept in the departmental records and posted to the leave record, and a copy returned to the employee after final action. When applicable, leave taken must also be reported in the appropriate payroll document. Annual and sick leave **must be earned before** it can be taken. The appointing authority may require an employee to submit a physician's certification for any sick leave. For faculty, the President's signature is necessary in cases of extended sick leave. This form must be accompanied by a written explanation for extended sick leave and certification by a physician. Classified LWOP of 31 days or more must be processed on the appropriate personnel and retirement forms. Denial of a request must be accompanied by an explanation. (For further clarification regarding leave, refer to the University Administrative Manual).

UNIVERSITY OF NEVADA, RENO

LEAVE REQUEST FORM

COPY

1. NAME: _____ 2. POSITION: _____

3. DIVISION: _____ 4. DEPT: _____

5. I Request From: _____ Through: _____

Totaling _____ working day(s) and/ or _____ hour(s)

6. CHARGED AS FOLLOWS (explain in remarks):

- | | | |
|---|---|---|
| <input type="checkbox"/> Annual Leave | <input type="checkbox"/> Sick Self | <input type="checkbox"/> Leave Without Pay |
| <input type="checkbox"/> Using Compensatory Time | <input type="checkbox"/> Sick Family | <input type="checkbox"/> Classified Furlough/Faculty Unpaid Leave |
| <input type="checkbox"/> Other(explain in remarks, i.e. administrative, military, civil, etc) | <input type="checkbox"/> Sick Family Death | |
| | <input type="checkbox"/> Family Medical Leave | |

REMARKS: _____

Please note that medical absences of extended duration may fall under the Family Medical Leave Act (FMLA).

7. To the best of my knowledge, the facts stated above are accurate and comply with leave requirements.

Employee's Signature: _____ Date: _____

8. APPROVAL BY SUPERVISOR: Approved Denied

9. FINAL APPROVAL (Optional) Approved Denied

Signature: _____ Date: _____

Signature: _____ Date: _____

10. POSTED BY: _____

INSTRUCTIONS: This form must be completed in advance of leave except for illness, in which case the leave request must be completed and transmitted no later than two days after return to work. The original must be kept in the departmental records and posted to the leave record, and a copy returned to the employee after final action. When applicable, leave taken must also be reported in the appropriate payroll document. Annual and sick leave **must be earned before** it can be taken. The appointing authority may require an employee to submit a physician's certification for any sick leave. For faculty, the President's signature is necessary in cases of extended sick leave. This form must be accompanied by a written explanation for extended sick leave and certification by a physician. Classified LWOP of 31 days or more must be processed on the appropriate personnel and retirement forms. Denial of a request must be accompanied by an explanation. (For further clarification regarding leave, refer to the University Administrative Manual).