

APPLICATION FOR LEAVE

Institute of Agriculture University of Tennessee

Biweekly

Monthly

_____ Date of Request

Employee Name

Responsible Department

Request _____ hours

Beginning: _____

Date

Hour

Ending: _____

Date

Hour

Requested Leave (check all that apply):

ANNUAL LEAVE

SICK LEAVE

PERSONAL LEAVE DAY

(Regular non-exempt employees only.)

MILITARY LEAVE

(Copy of official military orders required.

Please attach copy.)

Check one:

Annual Training

Extended Active Duty

(Leave of Absence Without Pay)

FUNERAL LEAVE

List Family Relationship:

COURT LEAVE

Check one:

Jury Duty Service

(Notice to serve on jury duty and proof of service, including dates and hours of service, required. Please attach copy.)

Witness

(Copy of summons, subpoena, or notice to appear as witness required. Please attach copy.)

WORKERS' COMPENSATION LEAVE

Check one:

State of Tennessee

(Physician's statement required. Please attach copy.)

Federal

COMPENSATORY TIME

LEAVE WITHOUT PAY

LEAVE REQUEST SUMMARY AND APPROVAL

Leave Category	Hours Requested	Hours Taken Year-to-Date	Available Balance After Leave
_____	_____	_____	_____
_____	_____	_____	_____

Annual leave, sick leave, personal leave day, and leave without pay that is granted immediately prior to an approved Family and Medical Leave will be considered as part of the twelve (12) week maximum allowed by the Federal Family and Medical Leave Act. By signing below, I acknowledge this leave request, once approved, would be considered part of a Family and Medical leave request, if I request such leave at a later date.

Employee's Signature

Approved: _____

Supervisor's Signature