Texas State Technical College

Request For Leave

www.tstc.edu

Please Print

Last Name | First | MI

Employee ID Number | Today's Date

I request approval to be absent from work on the dates and times indicated for the leave plan checked:

☐ **VACATION**

FROM: Mon/Day/Yr:	Start Time:	Total Hours
TO: Mon/Day/Yr:	End Time:	

☐ **SICK**

FROM: Mon/Day/Yr:	Start Time:	Total Hours
TO: Mon/Day/Yr:	End Time:	

☐ **SICK LEAVE POOL**

FROM: Mon/Day/Yr:	Start Time:	Total Hours
TO: Mon/Day/Yr:	End Time:	

☐ **EMERGENCY LEAVE**

FROM: Mon/Day/Yr:	Start Time:	Total Hours
TO: Mon/Day/Yr:	End Time:	

☐ **JURY DUTY**

FROM: Mon/Day/Yr:	Start Time:	Total Hours
TO: Mon/Day/Yr:	End Time:	

☐ **FAMILY MEDICAL LEAVE (FMLA)**

FROM: Mon/Day/Yr:	Start Time:	Total Hours
TO: Mon/Day/Yr:	End Time:	

☐ **MILITARY DUTY**

FROM: Mon/Day/Yr:	Start Time:	Total Hours
TO: Mon/Day/Yr:	End Time:	

☐ **RESCHEDULED HOLIDAY**

FROM: Mon/Day/Yr:	Start Time:	Total Hours
TO: Mon/Day/Yr:	End Time:	

☐ **ADMINISTRATIVE LEAVE**
(Circle **Paid** or **Unpaid** below)

FROM: Mon/Day/Yr:	Start Time:	Total Hours
TO: Mon/Day/Yr:	End Time:	
☐ **PAID**	☐ **UNPAID**	

☐ **UNPAID LEAVE**
(Circle **Approved** or **Unapproved** below)

FROM: Mon/Day/Yr:	Start Time:	Total Hours
TO: Mon/Day/Yr:	End Time:	
☐ **APPROVED**	☐ **UNAPPROVED**	

☐ **OTHER LEAVE** (Provide Explanation)

FROM: Mon/Day/Yr:	Start Time:	Total Hours
TO: Mon/Day/Yr:	End Time:	

Explanation/Comment

My signature on this form acknowledges I have conferred with my supervisor regarding this leave and that I have verified my current leave balance is equal to or greater than the hours I am requesting. I further understand that hours taken in excess of hours accrued will be deducted from my pay as soon as possible, but no later than the following month. Note: Leave other than Vacation or Sick leave may require additional approvals.

Employee Signature | Date

Supervisor Signature | Date

Leave Approved: ☐ Leave Not Approved: ☐

Other Approval Signature | Date

Office Use Only:
Entered by:
Date:

Forms to be maintained by Department