



APPLICATION FOR LEAVE

NAME: (Last, First, Middle)		EMPLOYEE ID NUMBER:

TITLE:	DEPARTMENT:	SUPERVISOR:

TYPE OF LEAVE REQUESTED	DATES OF REQUESTED LEAVE	
	Start Date:	End Date:

Juror or Witness Leave (Include documentation with request)		
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Military Leave (Include military orders with request)		
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Leave Without Pay* (LWOP)		
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* Any Leave Without Pay may affect medical premiums and/or eligibility for health insurance. Health insurance may lapse unless it is paid in advance. Please make arrangements with the Human Resources Office.

JUSTIFICATION (To be completed by employee - please provide reasons for request):

APPROVAL SECTION - Forward to HR Director after supervisor has approved below.

JURY/WITNESS DUTY OR MILITARY LEAVE FOR ALL EMPLOYEES and LEAVE WITHOUT PAY FOR CLASSIFIED EMPLOYEES:

Signature of Applicant _____ Date _____

Signature of Supervisor _____ Approved Disapproved
Date _____

Signature of HR Director _____ Approved Disapproved
Date _____

FOR HUMAN RESOURCES USE ONLY

<u>LEAVE WITHOUT PAY</u> APPROVAL FOR HIGHLANDS COLLEGE FACULTY	<u>LEAVE WITHOUT PAY</u> APPROVAL FOR NORTH CAMPUS FACULTY
_____ <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved Dean (Highlands) Date _____	_____ <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved Dept. Head Date _____
_____ <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved Chancellor Date _____	_____ <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved Dean Date _____
<u>LEAVE WITHOUT PAY</u> APPROVAL FOR PROFESSIONALS AND ADMINISTRATORS	_____ <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved Provost Date _____
_____ <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved Vice Chancellor A&F Date _____	_____ <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved Vice Chancellor A&F Date _____
	_____ <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved Chancellor Date _____