

CAMERON UNIVERSITY
LEAVE REQUEST FORM

(If official travel status is involved, use institutional travel form)

EMPLOYEE ID NUMBER: _____ NAME: _____

DEPARTMENT: _____

POSITION: _____

TYPE OF LEAVE:

Vacation: ____ Sick: ____ Family Sick: ____ Compensatory: ____ Special: ____

NUMBER OF HOURS: _____

LEAVE BEGINNING DATE: _____ LEAVE ENDING DATE: _____

REASON:

1. Submit original and one copy of approved Leave Request Form to the Payroll Office. The copy is returned to approving authority/employee requesting leave.
2. Each employee is responsible for immediately notifying their primary supervisor if personal illness or temporary disability, or illness of a member of the immediate family prohibits the employee from being available for performance of duties. Sick leave requests must be filed timely when the employee returns to duty.
3. When sick leave exceeds three days, the primary supervisor is required to notify the Human Resources Office for FMLA purposes. A statement from a physician will be required.

SIGNED: _____ DATE: _____
Employee Requesting Leave

APPROVED: _____ DATE: _____
Approving Authority