

**UNIVERSITY OF NORTH TEXAS
APPLICATION FOR APPROVAL OF LEAVE/OVERTIME**

UPO-15
Rev. 2/08

This form must be submitted and approved in advance for leaves and other absence from duty and for overtime to be worked. In the case of emergency such as illness, the form must be submitted immediately upon return to duty. The department official with authority to approve a leave or overtime will normally be the head of the department unless otherwise directed by the vice president or president. Specific leaves which must have the approval from the president or his delegate (vice president) are administrative leave, extended military leave, and leave of absence for 6 months or longer.

(Date)

(Name of Employee)

(Department)

(Phone No.)

(Empl-Id)

(Account Number)

REQUEST FOR (Check One):

Leave With Pay (LWP)

- | | |
|--|--|
| <input type="checkbox"/> Administrative Leave | <input type="checkbox"/> Jury Duty or Witness |
| <input type="checkbox"/> Compensatory Leave Taken | <input type="checkbox"/> Military (Annual Leave) |
| <input type="checkbox"/> Development Leave | <input type="checkbox"/> Sick Leave |
| <input type="checkbox"/> Emergency Leave (Funeral) | <input type="checkbox"/> Vacation Leave |
| <input type="checkbox"/> Faculty/Staff Fitness Leave | <input type="checkbox"/> Other (Specify): _____ |
| <input type="checkbox"/> Floating Holiday | |

Leave Without Pay (LWOP)

- | |
|---|
| <input type="checkbox"/> Leave Without Pay - State Reason Below |
| <input type="checkbox"/> Unauthorized or Unexplained Absence |
| Other |
| <input type="checkbox"/> Holiday Taken In Lieu of Scheduled Holiday |
| <input type="checkbox"/> Overtime Worked/Earned - Staff Only |
| <input type="checkbox"/> Holiday Worked/Earned |

DATES OF LEAVE (Include all time taken):

TOTAL NUMBER OF HOURS REQUESTED (IN TENTHS)

For Example – 3 hrs. 30 min. = 3.5

EXPLANATION (REASON):

- | | |
|---|--|
| <input type="checkbox"/> Documentation Attached (Physician's Statement, Military Orders, Court Summons, Etc.) | <input type="checkbox"/> Absence covered under the Family & Medical Leave Act (provide a copy of this to Human Resources, attn: Records) |
|---|--|

I hereby certify that the above statements are true and correct:

Employee Signature Date

() Approved () Disapproved

Departmental Official Date

Complete section below for requests of Administrative Leave, Extended Military Leave, or Leave of Absence for 6 months or longer:

() Approved () Disapproved

Human Resources Director (Administrative Leave Only) Date

() Approved () Disapproved

Dean or Director Date

() Approved () Disapproved

Vice President Date

() Approved () Disapproved

President Date

EXPLANATION (If Disapproved):

Recorded and Filed By:

Original: Department
A copy should be provided to the Faculty/Staff member

Department Timekeeper Date