

**APPLICATION FOR APPROVAL OF LEAVE/OVERTIME (UPO 15)**

*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)	Leave Without Pay (LWOP)
<input type="checkbox"/> Administrative Leave <input type="checkbox"/> Compensatory Leave Taken <input type="checkbox"/> Development Leave <input type="checkbox"/> Emergency Leave (Funeral) <input type="checkbox"/> Faculty/Staff Fitness Leave <input type="checkbox"/> Floating Holiday	<input type="checkbox"/> Jury Duty or Witness <input type="checkbox"/> Military (Annual) Leave <input type="checkbox"/> Sick Leave <input type="checkbox"/> Vacation Leave <input type="checkbox"/> Other (Specify): _____
	<input type="checkbox"/> Leave Without Pay - State Reason Below <input type="checkbox"/> Unauthorized or Unexplained Absence <p style="text-align: center;"><b>Other</b></p> <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 (Includes all time taken): \_\_\_\_\_

TOTAL NUMBER OF HOURS REQUESTED (IN TENTHS)  
*For Example – 3 hrs. 30 min. = 3.5* \_\_\_\_\_

EXPLANATION (REASON):

Documentation Attached (Physician’s Statement, Military Orders, Court Summons, Etc.)  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: _____ Department Timekeeper _____ Date _____	Original: Department A copy should be provided to the Faculty/Staff member
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