



## Angelo State University Departmental Leave Request Form

This is an optional leave request form and may be used by departments based on supervisor preference. This form should be completed by the employee and then submitted to the employee's supervisor for approval prior to the anticipated time off. **DO NOT** send this form to Human Resources as it will not become the part of the employee's official personnel file.

Approved leave taken or unscheduled sick leave taken for the month must be reported by all employees through the Online Leave Reporting System during the reporting period in the following month.

Employee Name:

Employee CID:

**Type of Leave Requested:**

Vacation

Sick Leave

(A sick leave absence of greater than 3 days require the employee to provide a doctor's certification or written statement of facts surrounding the absence and the nature of the illness. This certification will need to be sent to the Office of Human Resources)

Bereavement

Leave Without Pay

Other (please specify):

**Requested Dates/Hours:**

Beginning Date:  Ending Date:  Total Leave Hours Requested/Taken:

**Reason for Leave Request:**

Beginning Date:  Ending Date:  Total Leave Hours Requested/Taken:

**Reason for Leave Request:**

Beginning Date:  Ending Date:  Total Leave Hours Requested/Taken:

**Reason for Leave Request:**

Employee Signature: \_\_\_\_\_

Date:

Supervisor Signature: \_\_\_\_\_

Date: