



INSTRUCTION
Leave Approval Request Form
Division of Academic Affairs

This form is to be used by administrators and staff within the Division of Academic Affairs. It is intended for reasonable notification of requests for short-term leave.

1. Please tab and fill in all the blanks applicable to your request.
2. The employee must sign the form.
3. The immediate supervisor must sign and date the form.
4. A copy should be retained for the requestor as well as the employee's supervisor for timecard verification.

This form should only be forwarded to the Provost Office by those that are direct reports.

This form is for use within the Division of Academic Affairs only. This form is not intended for use in lieu of official leave forms.



THE UNIVERSITY OF TEXAS RIO GRANDE VALLEY
Division of Academic Affairs
Leave Approval Request Form
Divisional use only

Employee's Name _____ Date _____

VACATION REQUEST **Number of Days** _____ **Number of Hours** _____

Beginning Date: _____ Ending Date _____

In case of an emergency, please provide a phone number where you can be reached. _____

SICK LEAVE REQUEST **Number of Days** _____ **Number of Hours** _____

Beginning Date: _____ Ending Date _____

Sick Leave for: Self Family Member

Explanation _____

OTHER LEAVE **Number of Days** _____ **Number of Hours** _____

Type of Leave: _____

Beginning Date: _____ Ending Date _____

Date(s) Earned _____

Explanation _____

Note: Holiday time must be taken within a year after it is earned.

Employee's Signature _____ Date _____

APPROVALS: APPROVED DISAPPROVED

Immediate Supervisor: _____ Date _____