The University of Texas Rio Grande Valley
Office of Human Resources

Leave Notification and Request Form

NOTE : Leave Balance/Hours remaining must be equal to or greater than **zero (0)**. If the Balance/Hours remaining is less than **zero (0)**, the Request may not be approved, please refer to the leave without pay and FMLA processes, as applicable.

Section 1: to be completed by Requestor

Requestor Name: Employee ID:

Current Balance | Hours:

Type of Leave Requested:

Sick: ◯ Comp Time: ◯ Vacation: ◯ Other: ◯

Leave without Pay: ◯

First Day of Leave	Last Day of Leave	Number of Hours Requested	Balance | Hours Remaining

I understand that the leave balance entered above is accurate as of today and may or may not include any deductions for outstanding Absence Reports. In any case, if my Leave Balance falls below zero (0) upon submitting my Absence Report for this request, I understand that any earnings received due to this request will be deducted from my future earnings. My intention is to return to work at the end of my leave.

During this leave period, my university duties are to be performed by:

Requestor Signature: Date:

Section 2: to be completed by Supervisor

Approve: ◯ Denied: ◯

Remarks/comments:

Immediate Supervisor Signature: Date: