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 :   [Login to Oracle Self Service to view current balance | hours available]

Type of Leave requested :   Sick   Comp Time   Vacation   Other [specify]

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   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.

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

                    Requestor Signature   Date

SECTION 2   To be completed by Supervisor

          Approved
          Denied

Remarks

                    Immediate Supervisor Signature   Date