

University of Central Oklahoma
Request/Approval Leave Form - Date: _____

 Name of Employee

 Banner ID #

Monthly

 Position Title

 Organization Name and Number

Bi-Weekly

Please list below period(s) of absence:
 From (time) hh:mm am/pm, on (date) mm/dd/yy

EMPLOYEE REQUESTING LEAVE ENTRY

From _____ am _____ am
 pm on _____ to _____ pm on _____
 From _____ am _____ am
 pm on _____ to _____ pm on _____
 From _____ am _____ am
 pm on _____ to _____ pm on _____

From _____ am _____ am
 pm on _____ to _____ pm on _____
 From _____ am _____ am
 pm on _____ to _____ pm on _____
 From _____ am _____ am
 pm on _____ to _____ pm on _____

Total leave time requested? _____

Total leave time distributed: _____

Indicate distribution of leave requested and submit all required documentation. **** **Do Not Request Unearned Leave** ****

VACATION LEAVE (VAC) _____ HOURS
 FMLA VACATION LEAVE (FMV) _____ HOURS

COMP TIME TAKEN (CTT) _____ HOURS
 FMLA COMP TIME TAKEN (FMC) _____ HOURS

SICK LEAVE (SIC) _____ HOURS
 FMLA SICK LEAVE (FMS) _____ HOURS
 (Sick Leave is for illness or appointment with a medical professional.
 Your supervisor or the institution may require a physician's statement
 or release to return to work. FMLA paperwork may be required if
 absent more than 10 days.)

FUNERAL LEAVE (FNL) _____ HOURS
 Attended funeral of _____
 (See Employee Handbook regarding number of hours approved
 for specific situations. Time off to attend funeral of non-family
 member should be requested as Vacation or, with prior approval
 of the Employee Relations Manager, as Personal Leave.)

DISASTER LEAVE (DSL) _____ HOURS
 (Disaster Leave will be charged against SICK Leave balance.
 Disaster Leave is limited to 80 hours per calendar year.
 See Employee Handbook for definition.)

JURY LEAVE (JUR) _____ HOURS
 (Copy of subpoena for jury duty must be attached.)

MILITARY LEAVE (MLP) _____ HOURS
 (Copy of military orders must be attached.)

PERSONAL LEAVE (P9F) _____ HOURS
 (Personal Leave will be charged against SICK Leave balance.
 Personal Leave is limited to 40 hours per fiscal year.)

VOTING LEAVE (VOT) _____ HOURS

LEAVE WITHOUT PAY (DOC) _____ HOURS
 (Leave Without Pay is entered only when all available leave
 has been depleted.)

OUTT WYUOXOOSOCXOUSD _____ HOURS
 Name of Organization _____

FMLA LEAVE WITHOUT PAY (FMD) _____ HOURS

OTHER LEAVE TYPE NOT LISTED ABOVE: _____ (_____) _____ HOURS
 Name of Leave Type (Banner Code)

 Signature of Employee

 Date

 Signature of Supervisor

 Date

TIMEKEEPER DATA ENTRY

Absence to be charged on Time Report dated _____ and charged as:

VAC _____ HOURS	PER _____ HOURS	FNL _____ HOURS	VOT _____ HOURS
FMLA _____ HOURS	Other _____ HOURS	JUR _____ HOURS	DOC _____ HOURS
SIC _____ HOURS	CTT _____ HOURS	MLP _____ HOURS	CSL _____ HOURS
DSL _____ HOURS			

Timekeeper signature verifies the employee has the requested leave balance available.

 Signature of Timekeeper

 Date