University of North Texas Health Science Center at Fort Worth
Leave Form

(See following page for instructions and example of completion)

NAME_____ **EMPLID**_____

DEPARTMENT NAME_____ **DEPARTMENT NUMBER**_____

Leave Requested	Code	Other Information Required	Approval Level
Vacation	VAC		B
Sick Leave	SCK		B
Jury Duty	JUR	Attach Summons	B
Witness Duty	JUR	Attach Summons	B,C
Emergency Leave (up to 3 days)	EMG	Relationship	B,C,
Emergency Leave (more than 3 days)	EMG	Relationship	B,C,F
Administrative Leave	ADM	Reason for Leave	B,C,F
Academic Leave	DEV	Purpose & Emergency Contact	B,D
Leave without Pay (up to 6 weeks)	DOC	Reason for Leave	B
Leave without Pay (more than 6 weeks)	DOC	Reason for Leave	B,F
Military Leave	MIL	Attach Orders	B,C
Sick Leave Pool	SPT	Attach HRM-68	B,C
Compensatory Time taken @ 1.0	CT 1		B
Compensatory Time taken @ 1.5	CT5		
Other Leave	OL	Reason for Leave	B,C
Dock	DOC		B
Faculty / Staff Fitness Program	FSF		B
University Administration Leave	UNVAD		B

Required Information:_____

Emergency Contact Location:_____

MONTH/YEAR_____

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15

16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

(A) STAFF MEMBER/FACULTY MEMBER DATE

(B) DEPT CHAIR/ CMO/ EXEC DIR / SUPERVISOR DATE

(C) HUMAN RESOURCE SERVICES DATE

(D) ASSOCIATE DEAN DATE

(E) DEAN DATE

(F) PRESIDENT DATE

☐ **CLINICAL FACULTY ONLY: CALL CENTER NOTIFIED ON** _____
DATE

HRM-64
Rev. 9/07

INSTRUCTIONS FOR COMPLETION:
This form is used to obtain approval for all leave time by both exempt and non-exempt employees. A separate form must be completed each month in which leave time is used. More than one type of leave may he reported on the same form. The type of leave used and the number of hours used are recorded in the block for the appropriate day. See example below. For further information about the type of leave requested. See the policy numbers indicated in the Personnel Policies and Procedures Manual.

The employee is responsible for completing this form and obtaining the necessary approvals. Attach the required documentation to the form. Most leaves require at least fifteen (15) days notice, when possible: some require more. See below for details.

All employees must submit the completed and approved form with the departmental time sheets to their department's timekeeper on the last working day of each month for all leaves except Vacation and Sick Leave and Compensatory Time.

Vacation Leave (VAC) - may be requested by indicating VAC and hours on calendar. (Policy #6.5)

Sick Leave (SCK) - when requesting or documenting sick leave, indicate SCK and hours on calendar. An absence of more than three (3) consecutive working days requires a doctor's statement showing the cause or nature of the illness or some written statement of the facts concerning the illness, which is acceptable to the departmental official. (Policy #6.6)

Jury or Witness Duty (JUR) - may be granted to employees called to perform jury or witness duty. (Policy #8.6)

Emergency Leave (EMG) - normally three (3) days may be granted for a death in the employee's family (employee's spouse, employee's or employee's spouse's parents. brothers, sisters, grandparents, children, grandchildren, aunts and uncles). Time in excess of three (3) days must he approved by the President. Be sure to indicate relationship. (Policy #6.8)

Administrative Leave (ADM) - may he granted by the President for circumstances which involve unusual or emergency situations. (Policy #6.8)

Academic Leave (DEV) - may be taken by faculty members for participation in professional development, continuing education, research conferences or educational programs.

Leave without Pay (LOA) - may be granted only after appropriate earned leave has been used. LOA may be granted for up to six (6) weeks by the department head. The President must approve LOA for absences over six (6) weeks. Such leave must not exceed twelve (12) months. Extension must be requested two (2) weeks prior to the end of approved LOA. Failure to return upon expiration of approved LOA will be considered voluntary termination. (Policy #6.12)

Military Leave (MIL) - (or leave without pay). Fifteen (15) days per Federal Fiscal Year (October through September) may be granted to employees for military duty. (Policy #6.9)

Sick Leave Pool (SPT) - may be granted to provide for the alleviation of hardship caused by a catastrophic illness or injury to the employee or the employee's family. (Policy #6.13)

Compensatory Time (CT1, CT5) - is accrued by non-exempt employees only. Report compensatory time taken by non-exempt employees on the departmental time sheets. Departments may use this form for employees seeking approval for compensatory time. (Policy # 6.11)

EXAMPLE:

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
VAC 8	VAC 8		SCK 8	SCK 4										

16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31