

Section 1: To be Completed by Applicant

Name: _____ Date: _____

Dates of requested leave: From: _____ Through: _____ SS#: _____

Purpose of requested leave:

Source of funds to be used to reimburse Texas Tech:

Employee Signature: _____ Date: _____

ROUTE FORM TO CHIEF OF TEXAS TECH POLICE --

Section 2: To be Completed by Chief of Texas Tech Police

Is this employee a certified peace officer? Yes No

How will employee's duties be performed during the absence? Provide names of replacement employees and number of hours each is expected to work:

Account number to be reimbursed: _____

Chief of Texas Tech Police Signature: _____ Date: _____

ROUTE FORM TO DIRECTOR OF PERSONNEL--

Section 3: To be Completed by Director of Personnel

- a. Salary to be paid to employee during leave \$ _____
 - b. Longevity pay to be paid \$ _____
 - c. Premium sharing to be paid \$ _____
 - d. Value of vacation accrued \$ _____
 - e. Value of sick leave accrued \$ _____
 - f. TRS/ORP matching contributions \$ _____
 - g. Social Security matching contributions \$ _____
 - h. WCI coverage cost \$ _____
 - i. Salary of replacement employee(s) \$ _____
 - j. Longevity pay for replacement employee(s) \$ _____
 - k. Premium sharing for replacement employee(s) \$ _____
 - l. Value of vacation accrued by replacement employee(s) \$ _____
 - m. Value of sick leave accrued by replacement employee(s) \$ _____
 - n. TRS/ORP matching contributions for replacement employee(s) \$ _____
 - o. Social Security matching contributions for replacement employee(s) \$ _____
 - p. WCI coverage cost for replacement employee(s) \$ _____
- TOTAL COST OF LEAVE: \$ _____

ROUTE APPLICATION TO EMPLOYEE--

Pay above amount to the Bursar and return application to Director of personnel for approval.

\$ _____ received and deposited to: **Account 1004-45-5314-70-7617**

Bursar Signature: _____ Date: _____

APPROVED

Director of Personnel Signature: _____ Date: _____

DISTRIBUTION

Original - Department File

Copy - Chief of Texas Tech Police

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