



TEXAS TECH UNIVERSITY
Operations Division
LEAVE REQUEST FORM

Employee Name: _____ R#: _____ Request Date: _____

Mon. Tues. Wed. Thurs. Fri. Sat. Sun.

Check All that Apply:

| Leave Type | Date From | Date To | Time From AM/PM | Time To AM/PM | Hours | Scheduled / Unscheduled |
|------------|-----------|---------|--------------------|------------------|-------|-------------------------|
|------------|-----------|---------|--------------------|------------------|-------|-------------------------|

Leave Reason:

Vacation Available Hours this Occasion Balance remaining Through

Sick Available Hours this Occasion Balance remaining Through

Comp Available Hours this Occasion Balance remaining Through

LWOP Hours this Occasion

FMLA Intermittent Yes No Both

On-the-job-injury – Effective date:

Funeral Leave Relationship:

Employee Signature: _____

Supervisor Signature: _____
 Approved

Disapproved

Superintendent Signature: _____ Approved Disapproved

Director Signature: _____ Approved Disapproved

Leave request entered in:

____TCP enter actual time Ex: .15, .30, .45 & 1

____HRMS enter in quarter time Ex: .25,.50,.75 &1