



Application for Leave

Last Name	First	Middle	Division	Date Submitted
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No. of hours Requested	BEGINNING		ENDING		Comments or Explanation: (if necessary, attach any documentation requested. Use back of form if more space is needed)
	Time	Month/Day/Year	Time	Month/Day/Year	

LEAVE WITH PAY	LEAVE WITHOUT PAY
<input type="checkbox"/> Vacation (includes all personal business) <input type="checkbox"/> Compensatory time <input type="checkbox"/> Sick (personal sick only) <input type="checkbox"/> FMLA (check additional appropriate leave type) <input type="checkbox"/> Care & necessary attention [Family defined 11 IAC 63.3(11)] <input type="checkbox"/> IUP personal leave <input type="checkbox"/> Death [Family defined 11 IAC 63.3(11)] <input type="checkbox"/> Military (30 days per year or under, attach 2 copies of orders)** <input type="checkbox"/> Other	<input type="checkbox"/> Personal <input type="checkbox"/> Sick <input type="checkbox"/> FMLA <input type="checkbox"/> Educational <input type="checkbox"/> Military (attach copy of orders)** <input type="checkbox"/> Other

This application is made for the reasons stated above which I certify to be true.	Leave request: <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved
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Employee's Signature	Supervisor's Signature	Date Approved