

REQUEST FOR LEAVE
Classified Service Employees

TO EMPLOYEES:

Prior approval must be obtained from your supervisor for all absences (except when unexpectedly and unavoidably absent) and before leaves can be charged to leave credits. Absence for personal illness or unexpected reasons must be reported as soon as possible and no later than two hours after the start of your shift. Failure to provide a satisfactory and acceptable reason will result in the absence being considered unauthorized. Boiler Room and Chilled Water Plant personnel must call in at least two hours before the start of your shift so that arrangements may be made for a substitute. Failure to comply with these regulations will result in your absence being considered unauthorized. Such absence will be unpaid and may result in disciplinary action.

Employee's Name Title Department Date

TYPE OF LEAVE REQUESTED:

- | | | |
|---|--|---|
| <input type="checkbox"/> Sick: Personal | <input type="checkbox"/> Holiday Compensatory | <input type="checkbox"/> Jury Duty |
| <input type="checkbox"/> Sick: Family | <input type="checkbox"/> Sick Leave at ½ Pay | <input type="checkbox"/> Military |
| <input type="checkbox"/> Vacation | <input type="checkbox"/> Sick Leave without Pay | <input type="checkbox"/> Child Rearing |
| <input type="checkbox"/> Personnel | <input type="checkbox"/> Employee Organization Leave *A. | <input type="checkbox"/> Other (please specify) |
| <input type="checkbox"/> Leave of Absence without Pay | <input type="checkbox"/> Civil Service Exams or Interviews | |

AMOUNT OF TIME REQUESTED: _____

EFFECTIVE DATES: From _____ / _____ To: _____ / _____
Date Time of Day Date Time of Day

Except for vacation and personal leave, please state why this leave is necessary:

EMPLOYEE SIGNATURE: _____ **DATE:** _____

A. Employee Organization Leave approvals are tentative, subject to verification of appropriateness of activity, dates, time and employee's attendance. A copy of approved requests for Employee Organization Leave should be sent to Employee Relations in Human Resources.

B. Requests for processing of grievances by authorized representatives should be estimated at time of request, and the actual time used should be reported upon completion.

NOTIFICATION TO EMPLOYEE:

The above requested leave time has been:

- ☐ Approved as requested.
☐ Disapproved or Changed; Reason: _____

SIGNED: _____ **DATE:** _____
Supervisor; Title

Note: Employee leave requests should be responded to within 5 working days of receipt (ASU, OSU), 4 working days (ISU) or 3 working days (PEF).