State University of New York at Buffalo
University Human Resources

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:

- ☐ Sick: Personal
- ☐ Sick: Family
- ☐ Vacation
- ☐ Personnel
- ☐ Leave of Absence without Pay
- ☐ Holiday Compensatory
- ☐ Sick Leave at ½ Pay
- ☐ Sick Leave without Pay
- ☐ Employee Organization Leave *A.
- ☐ Civil Service Exams or Interviews
- ☐ Jury Duty
- ☐ Military
- ☐ Child Rearing
- ☐ Other (please specify)

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).