

SEMINOLE NATION LEAVE REQUEST FORM

NAME:	
DATE:	
DEPARTMENT:	DATE OF HIRE:
TIME OFF REQUESTED	
<input type="checkbox"/> Comp <input type="checkbox"/> Annual <input type="checkbox"/> Sick <input type="checkbox"/> FMLA <input type="checkbox"/> Birthday <input type="checkbox"/> Military <input type="checkbox"/> Bereavement <input type="checkbox"/> Jury Duty <input type="checkbox"/> LWOP <input type="checkbox"/> Admin Leave (Must be approved by Executive Office)	
*Must attach supporting documentation for Sick and Bereavement before leave will be approved.	
TOTAL NUMBER OF HOURS REQUESTED: _____	
DATES LEAVE TAKEN-leave must be in one hour increments	
DATE OF LEAVE: FROM: _____	TO: _____
DATE OF LEAVE: FROM: _____	TO: _____
DATE OF LEAVE: FROM: _____	TO: _____
DATE OF LEAVE: FROM: _____	TO: _____
REASON FOR LEAVE:	
CASH OUT OF LEAVE:	
Number of hours to be cashed out: _____	
SHARED LEAVE: *Leave cannot be shared outside of your program*	
Number of hours to be donated: _____	
Name of Person leave is being donated to: _____	

APPROVED WITH PAY
 APPROVED WITHOUT PAY
 DISAPPROVED

EMPLOYEE SIGNATURE _____ **DATE:** _____

SUPERVISOR SIGNATURE: _____ **DATE:** _____

PAYROLL USE ONLY	
Date Processed	Reason for Denial