

## Pharmacology and Toxicology Employee Leave/Absence Request

EMPLOYEE NAME: \_\_\_\_\_  
(please print) (request date)

EMPLOYEE SIGNATURE: \_\_\_\_\_  
(Signature)

LEAVE PERIOD: FROM \_\_\_\_\_ (MM/DD/YYYY) \_\_\_\_\_ (Time)  
 TO \_\_\_\_\_ (MM/DD/YYYY) \_\_\_\_\_ (Time)

SUPERVISOR APPROVAL: \_\_\_\_\_  
(Signature) (Date)

# of Hours to nearest 10th	FMLA Check if Yes	Leave Type
	<input type="checkbox"/>	Vacation
	<input type="checkbox"/>	Personal
	<input type="checkbox"/>	Sick
	<input type="checkbox"/>	Family Sick
	<input type="checkbox"/>	Excused Unpaid
		Vacation / instead of sick
		Personal / instead of sick
		Bereavement/Funeral
		Compensatory Time Taken
		Educational Leave
		Grievance/Arbitration Meeting
		Jury Duty (Paid)
		Military Leave (Paid)
		Negotiations Leave
		Special Conferences
		Unexcused Unpaid
		Union Meetings
		Union Officers
		Union Training
		Other (Specify):

--Submit completed forms with signatures to the Phm/Tox Office, B440 Life Science--  
 --Employee must also enter leave time into EBS under ESS/Time Management/Record/Display Time Data--