

UNIVERSITY OF NEVADA, RENO
LEAVE REQUEST FORM

1. NAME: _____ 2. POSITION: _____

3. DIVISION: _____ 4. DEPT.: _____

5. I Request From _____ Through _____
totaling _____ working day(s) and/or _____ hour(s).

6. CHARGED AS FOLLOWS (explain in remarks): Annual Leave Sick-Self Sick-Family Sick-Family Death
 Family/Medical Leave Leave Without Pay Using Compensatory Time Other (explain in remarks, i.e., administrative, military, civil, etc.)

REMARKS: _____

Please note that medical absences of extended duration might fall under the Family and Medical Leave Act (FMLA).

7. To the best of my knowledge, the facts stated above are accurate and comply with leave requirements.

Employee's Signature: _____ Date: _____

8. APPROVAL BY SUPERVISOR: Approved Denied

Signature: _____ Date: _____

9. FINAL APPROVAL (Optional): Approved Denied

Signature: _____ Date: _____

10. POSTED BY: _____

INSTRUCTIONS: This form must be completed in advance of leave except for illness, in which case the leave request must be completed and transmitted no later than two days after return to work. The original must be kept in the departmental records and posted to the leave record, and a copy returned to the employee after final action. When applicable, leave taken must also be reported on the appropriate payroll document. Annual and sick leave **must be earned before** it can be taken. The appointing authority may require an employee to submit a physician's certification for any sick leave. For faculty, the President's signature is necessary in cases of extended sick leave. This form must be accompanied by a written explanation for extended sick leave and certification by a physician. Classified LWOP of 31 working days or more must be processed on the appropriate personnel and retirement forms. Denial of a request must be accompanied by an explanation. (For further clarification regarding leave, refer to the University Administrative Manual.)

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