

**University of Houston
LEAVE REQUEST/NOTIFICATION**

Name: _____ Empl ID: _____

Department: _____

Date(s) of leave requested: Beginning: _____ Ending: _____
mm/dd/yy mm/dd/yy

Type of leave:	Total number of hours requested
Vacation	_____
Compensatory time/leave	_____
Sick leave	_____
Emergency/bereavement leave	_____
Jury duty	_____
Military leave with pay	_____
Leave without pay	_____
Other leave (see MAPP 2.02.03)	_____
_____	_____

Indicate if this leave will run concurrently with family and medical leave or parental leave: _____

Explain the purpose or reason for leave, or add any comments required (attach documentation, if necessary):

Signatures / Approvals / Acknowledgments:

Employee: _____ Date: _____

Supervisor: _____ Date: _____

Other: _____ Date: _____

Comments related to approval: _____

NOTE: Leave Request/Notification form must be submitted at the earliest practical time in accordance with department procedures and MAPP 2.02.03. request or notification or leave due to emergency or illness should be communicated to the supervisor at the earliest practical time, and Leave Request/Notification form should be submitted promptly upon the employee's return to work. A medical absence of more than three working days requires a written statement from the employee's health care provider indicating the cause or nature of the illness, or other acceptable statement of the facts concerning the illness.