



Office of Human Resources • Dept. 200
 P. O. Box 8500 • Lynchburg, TN 37352-8500
 (931) 393-1543 • FAX (931) 393-1552

Request for Leave Form

Employee's Name _____

Title _____ Dept. _____

I hereby request leave commencing on _____ and extending through _____.

This constitutes: () Annual Leave for _____ working hour(s)
 () Sick Leave for _____ working hour(s)
 () Other Leave (_____) for _____ working hour(s)

Type
 Please indicate relationship of deceased (_____)
 if bereavement leave is requested.

Break-out of hours:

Date(s)	Annual	Sick	Comp	Other

- 1 – 6 minutes = .1 hour
- 7 – 12 minutes = .2 hour
- 13 – 18 minutes = .3 hour
- 19 – 24 minutes = .4 hour
- 25 – 30 minutes = .5 hour
- 31 – 36 minutes = .6 hour
- 37 – 42 minutes = .7 hour
- 43 – 48 minutes = .8 hour
- 49 – 54 minutes = .9 hour
- 55 – 60 minutes = 1.0 hour

Balances for Annual and/or Sick Leave requested must be verified by Human Resource Office prior to routing to approval authority.

Annual
Leave Accumulated _____
Leave Requested _____
Balance After This Request _____
Verification _____

Sick
Leave Accumulated _____
Leave Requested _____
Balance After This Request _____
Verification _____

Requested by: _____ Date _____

Approved by: _____ Date _____

A request for Leave Form for SICK LEAVE should be completed the first workday after absence.

A request for Leave Form for ANNUAL LEAVE should be completed and the request approved prior to the date on which the leave begins.

If the employee does not use the amount of leave requested, they should notify the Human Resource Office immediately upon their return. The Human Resource Office maintains all leave records for faculty and staff. Accumulated Sick Leave balance should be verified before leave begins except in cases of emergency.