

TENNESSEE STATE UNIVERSITY

REQUEST FOR LEAVE

Print Name: _____

- ANNUAL LEAVE**
- SICK LEAVE (PERSONAL)**
- SICK LEAVE (FAMILY-dependent; including death)**
- BEREAVEMENT LEAVE**
- COMP TIME – “NON-EXEMPT ONLY”**
- JURY DUTY – Attach a copy of Court Subpoena.**
- MILITARY LEAVE**
- FAMILY MEDICAL SICK LEAVE – FMLA (maximum of 12 weeks)**

IF WORKING LESS THAN A FULL WORK SHIFT, RECORD ACTUAL TIME USED:

____:____ A.M./P.M. UNTIL ____:____ A.M. / P.M.

I would like to request leave beginning on the working day

_____ and ending on the working day

Month Day Year

hours

_____ which amounts to ____

days

Month Day Year

weeks

Employee's Signature

Date

_____ **Approval**

_____ **Disapproval**

Supervisor/Department Head

Date