

**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)**

**PROFESSIONAL LEAVE**

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

\_\_\_\_:\_\_\_\_                      UNTIL \_\_\_\_:\_\_\_\_

**I would like to request leave beginning on the working day**

\_\_\_\_\_ **and ending on the working day**

\_\_\_\_\_ **which amounts to** \_\_\_\_ **hours**  
\_\_\_\_\_ **days**  
\_\_\_\_\_ **weeks**

\_\_\_\_\_  
**Employee’s Signature**

**Date**

**Approval**

**Disapproval**

**Comments**

\_\_\_\_\_  
**Supervisor/Department Head**

**Date**