

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:

____:____ 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