

PRAIRIE VIEW A&M UNIVERSITY

SICK & OTHER TYPES OF LEAVE NOTIFICATION

Employee Name _____

Employee UIN# _____

Date(s) of leave requested _____

Type of Request: _____ Compensatory Time _____ Annual Leave
 _____ Sick Leave _____ Sick Leave Pool
 _____ LWOP _____ Jury Duty
 _____ Military Leave _____ Other

Date employee contacted supervisor _____ (time)

Method of contact used by employee (check all that apply) _____ Phone _____ Email
 _____ In Person _____ Personal Note

Do you have the correct documentation? _____ yes _____ no

Have you forwarded documentation related to the current event to HR?(email from you regarding an employee being out, the employee's personal note, doctor's excuse, medical certification form, jury summons, military orders, and request for bereavement leave, etc.) _____ yes _____ no

Supervisor

Signature of Immediate Supervisor _____

Printed Name of Immediate Supervisor _____ Phone Number _____

Leave Coordinator

Has the leave time been submitted in Leave Traq? _____ yes _____ no

Signature of Leave Coordinator _____ Phone Number _____

Printed Name of Leave Coordinator _____ Date _____

Email Address _____