

REPORT AND APPLICATION FOR LEAVE

Auburn University

Name	Emp. ID. No.	
(Last)	(First)	(Middle)
Department	Date	Pay Cycle CHECK ONE Biweekly Monthly

CHECK ONE:		I request that I be granted leave:	Number of working Hours		
VAC	ANNUAL LEAVE	From _____	A.M. P.M.	Month	Day
SCK	SICK LEAVE				Year
	FAMILY MEDICAL LEAVE* (Send Copy to HR)	Through _____	A.M. P.M.	Month	Day
				Month	Year
DOC	LEAVE WITHOUT PAY (Less than 1 pay period)	(Required for Sick Leave, Family Medical Leave, Funeral Leave, and Leave Without Pay)			
		Reason _____			
FNL	FUNERAL LEAVE	IF SICK LEAVE, were you under a doctor's care? (Check one) Yes No			
CTT	COMP TIME TAKEN	Paid sick leave and paid family medical leave is not a right for which employees may make demands, but a privilege granted in accordance with approved policy and procedure. A supervisor, or the employee's Department Head, may require at any time that a claim for sick leave or family medical leave be supported by adequate evidence. Any unjustified or fraudulent claims for leave may result in loss of pay for the period of absence.			
JRY	COURT / JURY LEAVE				
MIL	MILITARY LEAVE WITH PAY (Copy of Orders Required)				

Recommended or Approved: Unit Head	Signature of Employee
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