

Sam Houston State University Human Resources

Leave Request/Approval Form

Employees must complete this form in advance for leaves and other absence from duty. This form should be complete with the type of leave, dates of absence, number of hours requested, and required documentation attached before it is forwarded through the administrative channels for approval. Please check Banner Self-Service (SSB) on MySam for your leave balances. If you are still unsure of your current leave balances, please contact Payroll.

Name:	Sam ID: _				
Address:	Home/Cell	#:			_
Job Title:	Departmen	Department:Supervisor Phone #:			
Supervisor Name:	Supervisor	Phone #:			_
Leave Categories:					
*Administrative Performance Leave *Bereavement Name/Relationship:		, date o	ccurred:		
-	Certified Red Cross Activities				
	Jury Duty/Witness	*Leave Without Pag			
<u> </u>	Organ/Bone Marrow Donor			ve	
**Sick Self Family Name/Relationship Does this apply to FMLA/Parental Leave?					
If yes, does your Spouse work for a Texas	State Agency? Yes No If ye	es, what Agency?			
*Training for DisabilityV		Voting			
*Attach supporting documentation. **Sic Refer to Human Resources Policy B-1, En					
				,	
Type of Leave Requested:	Dates of Absence://	# of hou	r s: ours		
	//		ours		
	/	ho	ours		
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Completed medical certification (if applicable):	/		ours	COUTCAS	
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