

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. Refer to [Human Resources Policy HR-04, Employee Leaves](#), for additional details and information about eligibility and usage.

Sam ID	Name	Job Title
<input type="text"/>	<input type="text"/>	<input type="text"/>
Phone	University Email	Mailing Address
<input type="text"/>	<input type="text"/>	<input type="text"/>
Department Name	Supervisor Name	Supervisor Phone
<input type="text"/>	<input type="text"/>	<input type="text"/>

LEAVE

Leave Type	Dates of Absence	# of Hours
<input type="text"/>	<input type="text"/> – <input type="text"/>	<input type="text"/>
	<input type="text"/> – <input type="text"/>	<input type="text"/>
	<input type="text"/> – <input type="text"/>	<input type="text"/>
	<input type="text"/> – <input type="text"/>	<input type="text"/>

If Sick, complete the following questions.

Sick leave will be taken for **Self** **Family**

If Self, complete the following questions

Will leave be taken in conjunction with the SHSU Worker's Compensation Return-To-Work Program?	Yes	No
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If Family, complete the following questions.

List their name and your relationship.

Does this apply to FMLA/Parental Leave?	Yes	No
If Yes, does your Spouse work for a Texas State Agency?	Yes	No
If Yes, what agency?		

Sick Leave absences for more than 3 consecutive days requires medical certification. **Completed medical certification**

Was submitted to Human Resources	Will be submitted to Human Resources
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If Bereavement, complete the following questions.

Name**Relationship**

<input type="text"/>	<input type="text"/>
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EMPLOYEE ACKNOWLEDGEMENT & SIGNATURE

I acknowledge that supporting documentation is required for the following leave reasons.

- | | | |
|------------------------------------|-----------------------|-----------------------------|
| • Administrative Performance Leave | • Foster Parent Leave | • Organ/Bone Marrow Donor |
| • Bereavement | • Jury Duty/Witness | • Parent/Teacher Conference |
| • Blood Donation | • Leave without Pay | • Training for Disability |
| • Certified Red Cross Activities | • Military | |

I certify that the information above is accurate. I understand I will need to notify my supervisor, department, and/or Human Resources immediately should the status of my leave change. I understand it is my responsibility to submit all proper documents regarding this request. If I am not able to return the required documentation within the allowed timeframe, I will contact Human Resources for assistance. My anticipated return to work date will occur on .

Sign**Date****SUPERVISOR ACKNOWLEDGEMENT & APPROVAL**

As the supervisor of the employee listed above, I am aware that the employee has applied for leave as indicated above. I will notify Human Resources immediately if I become aware of any changes to the information provided.

Select Decision**Sign****Date****Approved****Disapproved****Comments – Optional**

<input type="text"/>
<input type="text"/>