

MARSHALL UNIVERSITY RESEARCH CORPORATION
One John Marshall Drive - Huntington, WV 25755
Phone: 304-696-6598 Fax: 304-697-2770

LEAVE REQUEST FORM

Use this form to request leave. Leave is recorded in quarter hour units. One whole day for a full-time employee equals 7.5 hours. Fifteen minutes equals .25 hour. For requests for a whole day or multiple whole days, enter the "From" date and the "To" date. For less than whole-day requests, enter the time and date leave is to begin and end.

IMPORTANT NOTE: LEAVE CANNOT BE TAKEN UNTIL ACCRUED. AFTER THE LEAVE HEREIN REQUESTED IS TAKEN, YOU CANNOT HAVE LESS THAN A ZERO BALANCE FOR THIS TYPE OF LEAVE. EMPLOYEES KNOWINGLY TAKING LEAVE THAT IS NOT SUPPORTED BY A SUFFICIENT ACCRUAL OF THAT TYPE OF LEAVE MAY BE SUBJECT TO DISCIPLINARY ACTION.

Name			
Date		I request leave of the type checked below for the period indicated	
From		To	
Total hours requested			
Remarks			
Check type of leave requested			
<input type="checkbox"/>	Annual Leave	<input type="checkbox"/>	Other: _____
<input type="checkbox"/>	Sick Leave		
I hereby certify that to the best of my belief and knowledge I have sufficient leave accrued of the type herein requested to cover the absence requested above.			
Employee's Signature			
Authorized Approver's Signature			
Date Approved			
<p>NOTES:</p> <ol style="list-style-type: none"> 1. Elective leave such as annual leave must be requested in advance whenever possible. 2. This form must be completed upon return to work for unplanned sick leave usage. The employing department may require a physician's certificate for absence due to sick leave. 			