

HUMAN RESOURCES

L **R** **A** **F**

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.

S **ID** **N** **J** **T**

P **U** **E** **M** **A**

D **N** **S** **N** **S** **P**

LEA E

L <input checked="" type="checkbox"/> T <input checked="" type="checkbox"/>	D <input checked="" type="checkbox"/> A	# H
<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"/>
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If Sick, complete the following questions.



If Yes, approval must be received from the Department Head, Associate Vice President for Human Resources and Divisional Vice President.

SHSU **'** **C** **R** **-T-** **P** **?**

If Family, complete the following questions.

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Leave Request Approval Form

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EMPLOYEE ACKNOWLEDGEMENT & SIGNATURE

