

UNIVERSITY OF THE VIRGIN ISLANDS

Application for Leave

Name: \_\_\_\_\_ Employee No.: \_\_\_\_\_  
 Department: \_\_\_\_\_ Date: \_\_\_\_\_

**Leave Policy**

LEAVE WITH PAY must be requested and approved in advance. When advance approval is not secured (illness, personal emergencies) your supervisor must be notified of the request for LEAVE WITH PAY within (1) hour after leave begins. If you are unable to reach your supervisor, notify the Personnel Office. If the University is not notified of the request for leave as provided for above, the time absent without notification must be charged to LEAVE WITHOUT PAY.

This request is for:  Leave with Pay  Leave without Pay

Date leave was requested: \_\_\_\_\_ Time: \_\_\_\_\_  
 Person Contacted: \_\_\_\_\_ Dept.: \_\_\_\_\_  
 Reason for Late or No notification: \_\_\_\_\_

Duration of Absence				Charge Absence To	Hours
	Date	Time	Hours	Annual Leave	
From				Sick Leave	
To				Compensatory Leave	
From				Leave Without Pay	
To				Other Leave	

**Description of Absence**

- |   |  |                                      |
|---|--|--------------------------------------|
| <input type="checkbox"/> Vacation                     | <input type="checkbox"/> Personal Illness/Injury | <input type="checkbox"/> Lateness    |
| <input type="checkbox"/> Personal Time                | <input type="checkbox"/> Doctor/Dentist Visit    | <input type="checkbox"/> Jury Duty   |
| <input type="checkbox"/> Funeral-Non immediate Family | <input type="checkbox"/> Death-Immediate Family  | <input type="checkbox"/> Suspension  |
| <input type="checkbox"/> Family Illness/Injury        | <input type="checkbox"/> Accident on Duty        | <input type="checkbox"/> Other _____ |

Other Particulars: \_\_\_\_\_

- Medical Certificate Attached for THREE (3) days or More Days of SICK LEAVE  
 Vacation Pay Check requested by: \_\_\_\_\_ (Date)

Certified: \_\_\_\_\_ Approved: \_\_\_\_\_  
 Employee Department Head

**PAYROLL NOTIFICATION (FOR PERSONNEL OFFICE USE ONLY)**

- Process Vacation Paycheck for Period Ending \_\_\_\_\_ Date Req. \_\_\_\_\_  
 Adjust Employee's Paycheck for \_\_\_\_\_ Hours of LEAVE WITHOUT PAY  
 Other \_\_\_\_\_

Approved: \_\_\_\_\_ Date: \_\_\_\_\_  
 Human Resources Manager