

APPLICATION FOR LEAVE

Name _____ Trinity ID# _____
 (Last) (First) (Middle)

Department _____ Date _____ Biweekly _____ Monthly _____

CHECK ONE:

I request that I be granted leave:

Number of working days

or

Number of hours

	VACATION LEAVE
	FUNERAL LEAVE
	COURT/JURY DUTY LEAVE WITH PAY
	MILITARY LEAVE (Copy of Orders Required)
	LEAVE WITHOUT PAY
	SICK LEAVE

From _____ A.M. _____ P.M. _____ Mo. _____ Day _____ Yr.

Through _____ A.M. _____ P.M. _____ Mo. _____ Day _____ Yr.

Paid sick leave is a benefit granted in accordance with approved policy and procedure. A supervisor may require at any time that a claim for sick leave be supported by adequate evidence. Any unjustified or fraudulent claims for leave may result in loss of pay for the period of absence.

Signature of Supervisor _____

Signature of Employee _____