

DOC. NO.

UNIVERSITY OF HAWAII - APPLICATION FOR LEAVE OF ABSENCE

PLEASE PRINT OR TYPE - THIS FORM USES UH USERNAME OR NUMBER IN BLOCK 1

01. UH Username OR Number		02. NAME (LAST, FIRST, MI) START WITH FIRST THREE LETTERS OF LAST NAME		
03. LEAVE CODE	04. TYPE OF LEAVE	01 Vacation 02 Sick (See Note 1) 03 Sick-Industrial Injury 04 Sabbatical/Prof Imp Leave with Pay	05 Bereavement (See Note 2) 06 Military 07 LWOP-Maternity 08 LWOP-Health	09 LWOP-Prof Imp Leave 10 LWOP-Other (See Note 3) 11 Compensatory Time Off 12 Jury/Witness Duty
05. INCLUSIVE DATES OF LEAVE FROM ____/____/____ THRU ____/____/____ MONTH DAY YEAR MONTH DAY YEAR		06. USE FOR CORRECTION ONLY THIS REPLACES DOC. NO. _____ REMARKS:		
07. WORKING HOURS TAKEN	08. EMPLOYEE'S SIGNATURE		09. REQ DATE ____/____/____ MON DAY YEAR	
10. DEPARTMENT	11. SUPERVISOR'S SIGNATURE		12. DATE	

ITEM 02. Start with the first three letters of last name - example:
 ITEM 05. Enter dates in six digits - example: January 5, 1993 thru January 12, 1993
 From 01/05/93 thru 01/12/93
 ITEM 06. Use this item only when submitting a correction to a document previously processed.
 ITEM 07. Enter hours taken to two (2) decimal places - example:
 (a) 16 hours taken should be shown as 16.00
 (b) 24 ½ hours taken should be shown as 24.50

Note 1: A licensed physician's certificate must be attached for absences of five or more consecutive working days.
 Note 2: Indicate relationship of deceased.
 Note 3: Other - temporary cessation of normal operation: extended vacation, personal reason, etc.

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