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 FIRS				ST THREE LETTERS OF LAST NAME				
03. LEAVE CODE	04. TYPE OF LEAVE			01 Vacation 05 Bereavement (See Not 2) 02 Sick (See Note 1) 06 Military 03 Sick-Industrial Injury 07 LWOP-Maternity 04 Sabbatical/Prof Imp Leave with Pay 08 LWOP-Health		07 LWOP-Maternity	09 LWOP-Prof Imp Leave 10 LWOP-Other (See Note 3) 11 Compensatory Time Off 12 Jury/Witness Duty			
05. INCLUSIVE DATES OF LEAVE			06. USE FOR			06. USE FOR	OR CORRECTION ONLY			
FROM// THR				/_ .Y YE	AR	THIS REPLACES DOC. NO REMARKS:				
07. WORKING HOURS TAKEN			MPL	OYEE	E'S SIGI	NATURE		09. REQ DATE	// MON DAY YEAR	
10. DEPARTMENT			UPEF	RVISC	DR'S SI	GNATURE		12. DATE		
ITEM 02. Start with the first three letters of last name - example: ITEM 05. Enter dates in six divits - example: January 5, 1993 thru January 12, 1993										

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 1/2 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.

Indicate relationship of deceased. Note 2:

Other - temporary cessation of normal operation: extended vacation, personal reason, etc. Note 3:

DOC. NO.

UNIVERSITY OF HAWAI'I - APPLICATION FOR LEAVE OF ABSENCE

COPY PLEASE PRINT OR TYPE - THIS FORM USES UH USERNAME OR NUMBER IN BLOCK 1										
0011	01. UH Username OR Number		02. NAME (LAST,FIRST, MI)							
COPY										
COPY		START WITH FIRST THREE LETTERS OF LAST NAME								
COPY	03. LEAVE CODE	OF LEAVE	03 Sick- 04 Sabb	(See Note 1) Industrial Injury patical/Prof Imp	05 Bereavement (See Note 2) 06 Military 07 LWOP-Maternity 08 LWOP-Health	09 LWOP-Pro 10 LWOP-Oth 11 Compensa 12 Jury/Witne	er (See Note 3) tory Time Off			
COPY	05. INCLUSIVE DATES	S OF LEAVE		Leav	06. USE FOR CORRECTION ONLY THIS REPLACES DOC. NO.					
COPY	FROM/ MONTH DAY		RU////	AR	REMARKS:	ACES DOC. NO				
COPY	07. WORKING HOURS	08. EMPLOYEE'S SIGNATURE				09. REQ DATE	// MON DAY YEAR			
COPY	10. DEPARTMENT	11. SUPERVIS	OR'S S	IGNATURE		12. DATE				
COPY	PY 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									
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