

University of Nebraska-Lincoln  
Request for Leave

Date \_\_\_\_\_ Bi-Weekly \_\_\_\_\_ Monthly \_\_\_\_\_

Name \_\_\_\_\_

Department Child, Youth and Family Studies

I request that my absence of \_\_\_\_\_ hours, from \_\_\_\_\_ through \_\_\_\_\_ inclusive, be charged to:

\_\_\_\_ Vacation Leave    \_\_\_\_ Sick Leave    \_\_\_\_ Family Medical Leave    \_\_\_\_ Funeral Leave

\_\_\_\_ Military Leave    \_\_\_\_ Civil Leave    \_\_\_\_ Workers Compensation Leave

\_\_\_\_ Professional \_\_\_\_\_

\_\_\_\_ Other \_\_\_\_\_ (please explain)

\_\_\_\_ with pay                  \_\_\_\_ without pay

Please note that paid or unpaid leave taken for five consecutive days or more for any of the following purposes will reduce your twelve weeks of eligibility for family/medical leave: (1) the birth and first-year care of your child or the placement of a child with you for adoption or foster care; (2) your serious health condition; (3) a serious health condition of your spouse, child, or parent; (4) the death of an immediate family member. For more information about family/medical leave see the Human Resources homepage <http://www.unl.edu/unlhr/hrhomepage.html> or inquire in Human Resources about viewing a copy of the Human Resources Policies and Procedures.

\_\_\_\_\_  
Employee Signature

Approved: \_\_\_\_\_  
Supervisor Signature

University duties will be covered as follows during my absence: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

During absence, I can be reached at \_\_\_\_\_  
\_\_\_\_\_

Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Fax \_\_\_\_\_