

University of Nebraska-Lincoln
Request for Leave

Date _____ Bi-Weekly _____ Monthly _____

Name _____

Department Family and Consumer Sciences

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 _____