UNIVERSITY OF THE VIRGIN ISLANDS

Application for Leave

Name:_____ Employee No.: _____
Department: _____ Date: _____

Leave Policy

LEAVE WITH PAY must be requested and approved in advance. When advance approval is not secured (illness, personal emergencies) your supervisor must be notified of the request for LEAVE WITH PAY within (1) hour after leave begins. If you are unable to reach your supervisor, notify the Personnel Office. If the University is not notified of the request for leave as provided for above, the time absent without notification must be charged to LEAVE WTHOUT PAY.

This request is for: ☐ Leave with Pay ☐ Leave without Pay

Date leave was requested: _____ Time: _____
Person Contacted: _____ Dept.:_____
Reason for Late or No notification:_____

Duration of Absence

	Date	Time	Hours
From			
To			
From			
To			

Charge Absence To / Hours

Annual Leave	
Sick Leave	
Compensatory Leave	
Leave Without Pay	
Other Leave	

Description of Absence

☐ Vacation
☑ Personal Time
☐ Funeral-Non immediate Family
☑ Family Illness/Injury
☐ Personal Illness/Injury
☐ Doctor/Dentist Visit
☐ Death-Immediate Family
☐ Accident on Duty
☐ Lateness
☐ Jury Duty
☐ Suspension
☐ Other_____

Other Particulars::_____

☐ Medical Certificate Attached for THREE (3) days or More Days of SICK LEAVE
☐ Vacation Pay Check requested by:_____ (Date)

Certified:_____ Approved:_____
Employee Department Head

PAYROLL NOTIFICATION (FOR PERSONNEL OFFICE USE ONLY)

☐ Process Vacation Paycheck for Period Ending _____Date Req._____
☐ Adjust Employee's Paycheck for _____Hours of LEAVE WITHOUT PAY
☑ Other_____

Approved: _____ Date:_____
Human Resources Manager