



TEXAS SOUTHERN UNIVERSITY  
OFFICE OF HUMAN RESOURCES  
3100 Cleburne  
Houston • Texas • 77004

**APPLICATION FOR LEAVE**

(To be completed by Employee)				
Section A	Employee Name:			
	Employee Identification No.:	T	Department:	
	I request my absence be charged to (Check appropriate box):			
	Sick	Vacation	Jury Duty	
	Compensatory Time	Military - paid up to 15 calendar days per year		
	Other	Leave of Absence (L) - up to 10 days		
	<b>NOTE: For illness of more than three (3) working days, a statement from the attending physician must be attached.</b>			
	Date(s) of Absence:	From:	To:	No. of Days:
	Time/hours of Absence:	From:	To:	No. of Hours:
	Reason for Absence:			
_____			_____	
<i>Employee Signature</i>			<i>Date</i>	
(To be completed by Supervisor)				
Section B	Approved			
	Disapproved			
	Comments:			
	_____			
	_____			
<i>Manager Signature</i>			<i>Date</i>	
(To be completed by Administrative Officer/Dept. Head)				
Section C	Approved			
	Disapproved			
	Comments:			
	_____			
	_____			
<i>Administrative Officer/Dept. Head Signature</i>			<i>Date</i>	