

DOC. NO.

Item 00: Enter unique 6 digit Document Number

UNIVERSITY OF HAWAII - APPLICATION FOR LEAVE OF ABSENCE

| | | | | |
|--|----------------------------|---|---|--|
| 01. UH Username OR Number | | 02. NAME (LAST, FIRST, MI) | | |
| | | START WITH FIRST THREE LETTERS OF LAST NAME | | |
| 03. LEAVE CODE | 04. TYPE OF LEAVE | 01 Vacation 02 Sick (See Note 1) 03 Sick-Industrial Injury 04 Sabbatical/Prof Imp Leave with Pay | 05 Bereavement (See Note 2) 06 Military 07 LWOP-Maternity 08 LWOP-Health | 09 LWOP-Prof Imp Leave 10 LWOP-Other (See Note 3) 11 Compensatory Time Off 12 Jury/Witness Duty |
| 05. INCLUSIVE DATES OF LEAVE FROM ____/____/____ THRU ____/____/____ MONTH DAY YEAR MONTH DAY YEAR | | 06. USE FOR CORRECTION ONLY THIS REPLACES DOC. NO. _____ REMARKS: | | |
| 07. WORKING HOURS TAKEN | 08. EMPLOYEE'S SIGNATURE | | 09. REQ DATE ____/____/____ MM DD YY | |
| 10. DEPARTMENT | 11. SUPERVISOR'S SIGNATURE | | 12. DATE | |

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