

DOC. NO.

UNIVERSITY OF HAWAI'I - APPLICATION FOR LEAVE OF ABSENCE

PLEASE PRINT OR TYPE

01. SOCIAL SECURITY NO. — —		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 ___/___/___ MON DAY YEAR	
10. DEPARTMENT	11. SUPERVISOR'S SIGNATURE		12. DATE	

ITEM 02. Start with the first three letters of last name - example:

ITEM 05. Enter dates in six digits - example: January 5, 1993 thru January 12, 1993
From 01/05/93 thru 01/12/93

ITEM 06. Use this item only when submitting a correction to a document previously processed.

ITEM 07. Enter hours taken to two (2) decimal places - example:

- (a) 16 hours taken should be shown as 16.00
- (b) 24 ½ hours taken should be shown as 24.50

Note 1: A licensed physician's certificate must be attached for absences of five or more consecutive working days.

Note 2: Indicate relationship of deceased.

Note 3: Other - temporary cessation of normal operation: extended vacation, personal reason, etc.

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