



VACATION/SICK LEAVE AUTHORIZATION FORM

TCU ID #: _____

Biweekly: _____ Monthly: _____

Date: _____

Employee Name: (Print) _____

Pay period end date: _____

Department Number: _____ Department Name: _____

(Five digit number)

If you have a split position please complete a form for each position .

Requested Vacation Leave

Sick Leave

Month/Day

Hours

Month/Day

Hours

_____ . _____

_____ . _____

_____ . _____

_____ . _____

_____ . _____

_____ . _____

_____ . _____

_____ . _____

_____ . _____

_____ . _____

Total Hours

_____ . _____

Total Hours

_____ . _____

Submitted by: _____
(Employee's signature)

Ext: _____

Approved by: _____
(Supervisor's signature)

_____ Date

Ext: _____

This form should only be used in the event that an employee is unable to submit vacation/sick time on online.

Please ensure you have adequate leave accrual to cover the hours requested.

Balances can be found on Employee Self Service.

Notes: Please hand deliver to Human Resources office before Friday of the biweekly pay period ending date. For monthly payroll, deliver on or before the 20th of each month. Please make a copy for your files.