

University of Arizona  
 Lunar & Planetary Lab/Dept of Planetary Sciences  
**VACATION/SICK/OTHER LEAVE NOTIFICATION**

Employee Name \_\_\_\_\_  
(PRINT LEGIBLY)

Return request to Space Sciences, Rm 339

Employee ID # \_\_\_\_\_

Payroll Period \_\_\_\_\_ thru \_\_\_\_\_

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Week 1 Total
<b>Date</b>								
Vacation								
Sick								
Other								
							<b>Grand Total</b>	

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Week 2 Total
<b>Date</b>								
Vacation								
Sick								
Other								
							<b>Grand Total</b>	

**Total Vacation Hours Reported:** \_\_\_\_\_ **Current Vacation Balance:** \_\_\_\_\_  
**Total Sick Hours Reported:** \_\_\_\_\_ **Current Sick Balance:** \_\_\_\_\_  
**Total Other Hours Reported:** \_\_\_\_\_

I certify that this leave form is an accurate statement of my leave time. I understand that if I do not have adequate leave accrued, my earnings will be adjusted accordingly.

\_\_\_\_\_  
 Employee's Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Supervisor's Signature

Proper approval and submission of this form is requested prior to the vacation period desired to allow reassignments and scheduling during your absence.

**Paid Leave Codes:**

- |                       |                                    |                                       |
|-----------------------|------------------------------------|---------------------------------------|
| V = Vacation leave    | A = Unpaid Absence                 | FV = Family Vacation (FML only)       |
| S = Sick leave        | H = Holiday                        | FS = Family Sick (FML only)           |
| F = Bereavement Leave | UC = Holiday Closure (exempt only) | FA = Family Unpaid Absence (FML only) |
| J = Jury Duty         | M = Military Duty                  |                                       |