

# COLORADO STATE UNIVERSITY – PUEBLO

## Leave/Absence Request and Authorization

**\*\*Any medical information is confidential and will be kept in separate files with limited access\*\***

<b>Name:</b> _____	<b>PID #:</b> _____
<b>Department:</b> _____	<b>Work #:</b> _____

I understand that leave must be requested and approved in advance, where foreseeable. I understand that I must provide sufficient information so the proper type of leave can be determined. I understand that I am responsible for keeping my supervisor informed of any change in this request. If a medical condition exists, I understand that I must contact the agency Family Medical Leave Act (FMLA) coordinator directly.

Does this amend a previous request? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, date of original request: \_\_\_\_\_

Number of hours requested: \_\_\_\_\_ Is this absence due to a work-related illness or injury: Yes \_\_\_\_\_ No \_\_\_\_\_

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**ANNUAL LEAVE:**

From: Time	Date	To: Time	Date	# of Hours
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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**SICK/MEDICAL LEAVE:** Self \_\_\_\_\_ Family: \_\_\_\_\_ Relationship \_\_\_\_\_  
*Medical Certification required for any absences of more than three consecutive working days.*

**Reason for leave (mark appropriate category):**  
 Routine medical, eye or dental exam or common illness/injury(e.g. cold/flu.) \_\_\_\_\_  
 Other medical or FMLA (surgery, childbirth, continuing care, etc.) \_\_\_\_\_  
 Injury on Duty (IOD) Leave under Worker's Compensation \_\_\_\_\_

From: Time	Date	To: Time	Date	# of Hours
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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**OTHER LEAVE (mark appropriate category):**

Funeral \_\_\_\_\_ Jury \_\_\_\_\_ Short Term Disability \_\_\_\_\_ Administrative Leave \_\_\_\_\_ Leave without Pay \_\_\_\_\_  
 Military Leave \_\_\_\_\_ CompTime \_\_\_\_\_ OTHER (Please Explain) \_\_\_\_\_

From: Time	Date	To: Time	Date	# of Hours
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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**APPROVALS:**

Employee Signature \_\_\_\_\_ Date: \_\_\_\_\_

Approved by \_\_\_\_\_ Date: \_\_\_\_\_  
 Immediate Supervisor or Designee

Approved by \_\_\_\_\_ Date: \_\_\_\_\_  
 Appointing Authority or Designee  
 (needed for Leave without pay, Funeral Leave, Administrative Leave, Sabbatical and Military Leave)