

Department of Microbiology, Immunology & Molecular Genetics (MIMG)

Request for Leave

All planned requests must be submitted in advance

Name of employee requesting leave: _____

Mark as applicable (you may report more than one event on this form):

- ____ Personal Leave (P)
- ____ Vacation Leave (V)
- ____ Sick Leave (S) (scheduled or unscheduled)
- ____ Other (O) (e.g. jury duty, funeral, administrative) _____

Type of leave	First day of leave (date)	Last day of leave (date)	Complete time of day only if partial day(s) are claimed		
			From (time of day)	To (time of day)	Total hours

Signature of employee _____ Date _____

Supervisor _____ Date _____

Chair approval _____ Date _____

After signing this form, staff should obtain their supervisor’s signature. All MIMG faculty and staff should email forms to the MIMG-Time and Leave inbox at mimg-timeleave@uthscsa.edu.

In the case of unexpected leave, please complete and submit this form **immediately** upon your return to work.

For policies regarding leave administration, please refer to the Handbook of Operating Procedures [Section 4.7](#).

Please note that you are required to submit the Request for Leave form every time you are out of the office