



# 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: \_\_\_\_\_

***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.