

**TROY UNIVERSITY
LEAVE REQUEST/REPORT**

Campus:

- | | |
|-------------------------------------|---|
| <input type="checkbox"/> Troy | <input type="checkbox"/> Phenix City |
| <input type="checkbox"/> Dothan | <input type="checkbox"/> University College |
| <input type="checkbox"/> Montgomery | |

Date _____

Name _____

SSN/Employee ID # _____

Department _____

_____ Annual leave _____ Leave without pay

_____ Sick leave _____ Other (Explain)

Dates requested/reported for leave

From _____ to _____

Total hours _____

Comments

Employee _____
(Signature)

Department Head _____
(Signature)

Doctor's certificate may be required after three consecutive sick leave days.

Processed
Human Resource Department