

**FLORIDA ATLANTIC UNIVERSITY
LEAVE REQUEST/APPROVAL FORM
~ SPECIAL ~**

FACULTY AMP SP

EMPLOYEE _____ ID NO _____

PAY PERIOD NO _____ DEPARTMENT NAME _____

<u>LEAVE</u>	<u>HOURS</u>	<u>LEAVE</u>	<u>HOURS</u>
COURT APPEARANCE - PAID*	_____	JURY DUTY - PAID*	_____
BEREAVEMENT LEAVE MAXIMUM 3 DAYS - PAID*	_____	ADMINISTRATIVE LEAVE - PAID	_____
ADMINISTRATIVE LEAVE - INVESTIGATION - PAID	_____	ADMINISTRATIVE LEAVE - NOTICE PERIOD: SUSPENSION OR TERMINATION - PAID	_____
PROFESSIONAL MEETING AND CONFERENCES - SP ONLY - PAID*	_____	NATURAL DISASTERS AND EMERGENCY CLOSING - PAID	_____
MILITARY SERVICE TRAINING 17 DAYS PAID*	_____	ACTIVE MILITARY SERVICE 30 DAYS PAID*	_____
FL NATIONAL GUARD - ACTIVE SERVICE 30 DAYS PAID*	_____	MILITARY SERVICE EXAMS - PAID*	_____
DISABLED VETERAN RE-EXAMS AND TREATMENT - PAID*	_____	VOTING LEAVE (MAX 2 HOURS) (SPECIAL CIRCUMSTANCES) - PAID	_____
ATHLETIC COMPETITIONS - US TEAM - PAID*	_____	CIVIL DISORDERS/DISASTERS RESPONSE TEAM MEMBERS - PAID*	_____

* The employee is required to provide official documentation to support the need for leave, including specific dates and times.

ACTUAL DATES AND TIME OF LEAVE: _____

EMPLOYEE SIGNATURE: _____

DATE: _____

SUPERVISOR APPROVAL: _____

DATE: _____