



University of South Carolina Department of Facilities Application for Leave



Name

Type of Leave (Check appropriate button)

- ANNUAL- I understand that any Annual Leave authorized, if in excess of the amount accrued, will be charged to **Leave Without Pay.**
- COMPENSATORY- I understand that any Compensatory Leave authorized, if in excess of the amount earned, will be charged to **Annual Leave.**
- SICK - I understand that any Sick Leave authorized, if in excess of the amount accrued, will be charged to available **Annual Leave** and ultimately to **Leave Without Pay.** If family sickness, specify family member _____
- OTHER - Specify: Death in Family Jury Duty Military Leave
(Documentation required) If Death in Family, specify family member _____
- LWOP - _____

| FROM | | THROUGH | | DAYS/HOURS | |
|---|---|---|---|---|---|
| DATE | TIME | DATE | TIME | | |
| <input style="width: 95%; height: 95%;" type="text"/> | <input style="width: 95%; height: 95%;" type="text"/> | <input style="width: 95%; height: 95%;" type="text"/> | <input style="width: 95%; height: 95%;" type="text"/> | <input style="width: 95%; height: 95%;" type="text"/> | <input style="width: 15px; height: 15px;" type="text"/> DAYS <input style="width: 15px; height: 15px;" type="text"/> HOURS |

- APPROVED - Annual (72 hours prior to leave)
- APPROVED - Annual (Tardy)
- APPROVED - Annual (Less than 72 hours)
- APPROVED - Sick or Other
- APPROVED - Annual (Emergency)
- DISAPPROVED

| | | | |
|-----------------------|------|------------------------|------|
| APPLICANT'S SIGNATURE | DATE | SUPERVISOR'S SIGNATURE | DATE |
|-----------------------|------|------------------------|------|

REMARKS: