

DOC. NO.

UNIVERSITY OF HAWAI'I - APPLICATION FOR LEAVE OF ABSENCE

01. SOCIAL SECURITY NO. — —		02. NAME (LAST, FIRST, MI) START WITH FIRST THREE LETTERS OF LAST NAME		
03. LEAVE CODE	04. TYPE OF LEAVE	01 Vacation 02 Sick (See Note 1) 03 Sick-Industrial Injury 04 Sabbatical/Prof Imp Leave with Pay 05 Bereavement (See Note 2) 06 Military 07 LWOP-Maternity 08 LWOP-Health 09 LWOP-Prof Imp Leave 10 LWOP-Other (See Note 3) 11 Compensatory Time Off 12 Jury/Witness Duty		
05. INCLUSIVE DATES OF LEAVE FROM ___/___/___ THRU ___/___/___ MONTH DAY YEAR MONTH DAY YEAR		06. USE FOR CORRECTION ONLY THIS REPLACES DOC. NO. _____ REMARKS:		
07. WORKING HOURS TAKEN	08. EMPLOYEE'S SIGNATURE	09. DATE ____/____/____ MON DAY YEAR		
10. DEPARTMENT	11. SUPERVISOR'S SIGNATURE	12. DATE		

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