



Name: _____
 Dept: _____
 Emplid: _____

THE UNIVERSITY OF AKRON
 REQUEST/CERTIFICATION OF LEAVE

*For all full- and part-time employees: faculty, contract professionals, and biweekly (exempt) staff (OAC 3359-11-01). Submit this form for any absence from campus; i.e., illnesses, medical appointments, professional meetings, educational classes, or other absences during regularly scheduled work times. To utilize the **Family and Medical Leave Act** or if you require periods of extended leave, contact Benefits Administration at x7092.*

PURPOSE OF LEAVE WITH PAY

- VACATION
- SICK LEAVE [check one: personal immediate family]
- PROFESSIONAL* (provide *telephone contact* in COMMENTS)
- OTHER (provide reason for requested leave in COMMENTS)

*When requesting "Professional" leave, you must complete the **Travel Authorization** form below.

COMMENTS: _____

DATE(S)	TIME	TOTAL HOURS

I certify that the dates and purpose of the leave are accurate as reported. I understand that falsification may result in disciplinary action, up to and including termination.

EMPLOYEE SIGNATURE: _____ DATE: _____

REQUEST FOR LEAVE: APPROVED
 DISAPPROVED

CERTIFICATION OF LEAVE: APPROVED
 DISAPPROVED

SUPERVISOR SIGNATURE: _____ DATE: _____

DISTRIBUTION: signed original to the Vice President/Dean for month-end reporting.

TRAVEL AUTHORIZATION

*Complete this portion prior to incurring any travel expenses for **overnight** or **out-of-state** professional trips. Submit actual expenses for reimbursement on the UA **Travel Expense Report** after the completion of travel.*

Date prepared: _____

EXPENSE ESTIMATES

For (person): _____
 Attending: _____
 Where: _____
 When: _____

***PROBABLE MODE OF TRANSPORTATION:**

air, train, bus
 private/pool vehicle
 rental car

Transportation:* \$ _____
 Lodging: \$ _____
 Meals: \$ _____
 Other: \$ _____
 Total: \$ _____

Reimbursement type: Full estimated amt. \$ _____
 Partial est. amount \$ _____

Approved by: _____
Chair/Director Date

Approved by: _____
Vice President/Dean Date

ACCOUNT CODE(S)

_____ %											
_____ %											

DISTRIBUTION: original to the Vice President/Dean for records; copies to Chair/Director and person traveling.