



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

ACCOUNT CODE(S)

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 %Approved by: _____
Vice President/Dean Date

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