OLD DOMINION UNIVERSITY RESEARCH FOUNDATION
LEAVE REQUEST FORM

EMPLOYEE INFORMATION

Name: _____ UIN / RF:_____

Type of Leave Requested   Leave Code:_____   No. of Hours: _____

Date(s) of Leave: From: _____   Thru:_____

Time of Leave *(if less than eight hours)*:   From:_____   Thru:_____

Employee Signature: _____   Date:_____

Explanation of Absence: (must be used for all leave except Annual)

_____

_____

_____

SUPERVISOR'S ACTION

Approved: ☐   Disapproved: ☐

Supervisor's Signature:_____   Date:_____

Comments:

_____

PAYROLL ACTION

LEAVE CODES

AL = Annual Leave   SL = Sick Leave
LWP = Leave Without Pay   BL = Bereavement Leave *(due to death of immediate family member)*
CV = Civil Leave   ML = Military Leave

Paid leave is a privilege and a benefit provided to Regular employees of ODU Research Foundation. Regular employees are eligible for the following types of paid leave: holiday, annual, sick, Family and Medical Leave Act (FMLA), bereavement, civil and military reserve leave. Supervisors are responsible for monitoring, administering, and maintaining the integrity of ODU Research Foundation's leave policy. Employees who have excessive absences where only leave without pay is available will be counseled. Abuse of leave is grounds for disciplinary action, up to and including termination.

All leave used must be recorded on a *Leave Request* form and indicated on the employee's time sheet, if required. Supervisors forward properly completed *Leave Request* forms by the close of the pay period in which it is taken to Payroll with supporting documentation (for example: military orders, doctor's certificate, subpoena). Payroll verifies and posts leave accumulation and usage.