

The University of Texas
Department of Psychiatry and Behavioral Sciences
LEAVE AUTHORIZATION REQUEST

☐ Faculty
☐ A & P
☐ Classified
☐ Resident

Name _____ Date _____

Title _____ Division _____

I would like to request _____ days of leave from _____ to _____
(date)

_____ (both inclusive)
(date)

To be charged as:

☐ Vacation
☐ Administrative Leave**
☐ Administrative Absence on Duty
☐ Sick Leave
☐ Holiday

☐ Compensatory Time
☐ Leave Without Pay
☐ Funeral
☐ Judicial
☐ Other

Person Assuming Responsibilities
During Absence

Individual Requesting Leave

(Signature)

(Signature)

**Please indicate destination or purpose of travel:

ADMINISTRATIVE ACTION:
Approved Disapproved

(Signature of Division Team Leader)

Approved Disapproved

(Signature of Supervisor)

white copy - Department
yellow copy - Employee