

DOC. NO.

UNIVERSITY OF HAWAII - APPLICATION FOR LEAVE OF ABSENCE

01. UH Username OR Number		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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