UNIVERSITY OF HAWAI'I - 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	03 Sick- 04 Sabb		of Bereavement (See Note 2) (See Note 1) (See Note 2) (See Note 2) (See Note 2) (See Note 3) (Se					
	05. INCLUSIVE DATE								
	FROM/_ MONTH DA	J/_ MONTH DAY \		REMARKS:					
	07. WORKING HOUR	08. EMPL	OYEE'S	SIGNATURE	09. DATE	MON DAY YEAR			
	10. DEPARTMENT	11. SUPE	RVISOR'	S SIGNATURE	12. DATE]		
	DOC. NO.	U	NIVERSITY (OF HAW	/Al'I - APPLICATIOI	N FOR LEAVE	E OF ABSENCE		
COPY	01. UH Username OR Number		02. NAME (LAST,FIRST, MI)			COPY			
COPY		START WITH FIRST THREE LETTERS OF LAST NAME					COPY		
COPY	03. LEAVE CODE	LEAVE	03 Sick- 04 Sabb	See Note 1) 06 Military 1		09 LWOP-Prof Imp Leave 10 LWOP-Other (See Note 3) 11 Compensatory Time Off 12 Jury/Witness Duty	COPY		
COPY	05. INCLUSIVE DATE		06. USE FOR CORRECT				COPY		
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COPY	10. DEPARTMENT		11. SUPE	RVISOR'	S SIGNATURE	12. DATE		COPY	
COPY	DOC. NO. UNIVERSITY OF HAWAI'I - APPLICATION FOR LEAVE OF ABSENCE								
COPY	01. UH Username OR Number		02. NAME (LAST,FIRST, MI)			COPY			
COPY		START WITH FIRST THREE LETTERS OF LAST NAME					COPY		
COPY	03. LEAVE CODE	LEAVE	03 Sick- 04 Sabb	(See Note 1) 06 Military Industrial Injury 07 LWOP- patical/Prof Imp 08 LWOP-	Maternity	09 LWOP-Prof Imp Leave 10 LWOP-Other (See Note 3) 11 Compensatory Time Off 12 JuryWitness Duty	COPY		
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COPY								COPY	