

College of Medicine
Leave Authorization for Assistant Dean, Associate Dean and Director

Employee's Name _____

Department _____

Date/Time of Absence

Beginning: Date _____ Time _____

Ending: Date _____ Time _____

Total Hours Absent: _____

Please check the type of leave requested

- Vacation Leave
- Sick Leave
- Attendance at Conference/Convention/Meeting

Type of FMLA-Qualifying Event (If Applicable)

- Parental leave
- Medical leave
- Military, long-term
- Worker's compensation

Type of Administrative Leave

- | | | |
|-------------------------------|----------------------|----------------------------|
| Jury duty/court witness | Military exams | Formal investigation |
| Elections | Natural disaster | Disabled Veteran treatment |
| Military training, short-term | Civil disorder | Florida Disaster volunteer |
| National Guard | Athletic competition | |

Leave Without Pay

- Authorized
- Unauthorized

Personal Leave Days

- Used December 26th – 31st
- Used December 2nd - December 24th or January 2nd - June 30th

Employee's Signature:

Approved:

P. Jan Eller, Associate Dean for Administrative Affairs

Please return the completed and signed form to _____ (Name/P.O. Box#)