

College of Medicine
Leave Authorization for Chairs

Chair'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 Even (If Applicable)

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

Type of Administrative Leave

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

Leave Without Pay

- Authorized
- Unauthorized

Personal Leave Days

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

Chair's Signature:

Approved:

P. Jan Eller, Associate Dean for Administrative Affairs

Please return the completed and signed form to _____ (Name/Email)