

**UTAH STATE UNIVERSITY**  
Record of Leave

*If more than three (3) consecutive days of this requested leave is for 1) maternity, paternity, adoption, or foster care placement; 2) serious health condition of employee, spouse, parent, or child; or 3) qualifying exigency (pertaining to Military Service, NDAA); please also complete the FMLA form.*

Name \_\_\_\_\_

Department \_\_\_\_\_

Time taken:    Number of hours \_\_\_\_\_ Number of days \_\_\_\_\_

Type of leave taken:

- |                                      |                               |  |
|--------------------------------------|-------------------------------|--|
| <input type="checkbox"/> Annual      | <input type="checkbox"/> Sick | <input type="checkbox"/> Military          |
| <input type="checkbox"/> Bereavement | <input type="checkbox"/> Jury | <input type="checkbox"/> Compensatory Time |

Beginning \_\_\_\_\_  
Date \_\_\_\_\_ Hour \_\_\_\_\_

Ending \_\_\_\_\_  
Date \_\_\_\_\_ Hour \_\_\_\_\_

Employee taking leave: \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

Administrator \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

Please make a copy for retention by employee.

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Signature \_\_\_\_\_ Date \_\_\_\_\_

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Signature \_\_\_\_\_ Date \_\_\_\_\_

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