

**TROY UNIVERSITY  
LEAVE REQUEST/REPORT**

**Campus:**

- |                                     |  |
|-------------------------------------|--|
| <input type="checkbox"/> Troy       | <input type="checkbox"/> Phenix City   |
| <input type="checkbox"/> Dothan     | <input type="checkbox"/> Global Campus |
| <input type="checkbox"/> Montgomery |  |

Date \_\_\_\_\_

Name \_\_\_\_\_

SSN/Employee ID # \_\_\_\_\_

Department \_\_\_\_\_

\_\_\_\_\_ Annual leave                      \_\_\_\_\_ Leave without pay

\_\_\_\_\_ Sick leave                              \_\_\_\_\_ Other (Explain)

Dates requested/reported for leave

From \_\_\_\_\_ to \_\_\_\_\_

Total hours \_\_\_\_\_

Comments

Employee \_\_\_\_\_  
(Signature)

Department Head \_\_\_\_\_  
(Signature)

Doctor's certificate may be required after three consecutive sick leave days.

\_\_\_\_\_  
Processed  
Human Resource Department