University of Guam Leave Application

_/	_/	_ [] hours
/	/	[] hours

PPE: _

FILE COPT							••		PPE:	_// [] hours
NAME (First, Middle, Las	st)					COLL	EGE / UNIT			DATE	
TYPE OF LEAVE [REQUESTED [HRS] []Sick]Jury	[[] Annual] Military	[]Administrative	[] Pregnancy - Related Med	[[]Parental]Other (specify)	[]LWOP	
PAY STATUS [Calculates	s Automati	ically]	Number of	Hour	s with Pay:		Without ay:		Total Numb	er of Hours:	
FROM (Hour, Month, Da	y, Year)					1	TO (Hour, Month	, Da	y, Year)		
REASON											

NOTE: For rules and regulations pertaining to absence from duty, refer to the appropriate personnel policies: (1) Government of Guam Civil Service Personnel Rules and Regulations (classified employees), and (2) University of Guam Personnel Rules and Regulations (academic/non-classified employees).

FROM (Month, Day, Year) TO (Month, Day, Year) HOSPITALIZED: YES NO REMARKS (State limitations, if any) NAME OF PHYSICIAN (Print or type) SIGNATURE OF PHYSICIAN APPLICATION OF PREPAYMENT OF LEAVE FROM (Month, Day, Year) TO (Month, Day, Year) TOTAL HOURS PREPAID I certify all statements made herein are true and correct. SIGNATURE OF EMPLOYEE DATE APPROVED DISAPPROVED NAME OF CHAIR/SUPERVISOR SIGNATURE DATE NAME OF APPROPRIATE ADMINISTRATOR SIGNATURE DATE		I certify that the a		DOCTOR'S SICK LE			ing the period stated b	elow.	
NAME OF PHYSICIAN (Print or type) SIGNATURE OF PHYSICIAN APPLICATION OF PREPAYMENT OF LEAVE FROM (Month, Day, Year) TO (Month, Day, Year) I certify all statements made herein are true and correct. SIGNATURE OF EMPLOYEE NAME OF CHAIR/SUPERVISOR SIGNATURE APPROVED DISAPPROVED	FROM (Month	i, Day, Year)		TO (Month, Day, Yea	ar)		HOSPITALIZED: Y	/ES	NO
APPLICATION OF PREPAYMENT OF LEAVE FROM (Month, Day, Year) TO (Month, Day, Year) TOTAL HOURS PREPAID I certify all statements made herein are true and correct. SIGNATURE OF EMPLOYEE DATE APPROVED DISAPPROVED NAME OF CHAIR/SUPERVISOR SIGNATURE DATE	REMARKS (S	tate limitations, if any)	1					
FROM (Month, Day, Year) TO (Month, Day, Year) TOTAL HOURS PREPAID I certify all statements made herein are true and correct. SIGNATURE OF EMPLOYEE DATE APPROVED DISAPPROVED NAME OF CHAIR/SUPERVISOR SIGNATURE DATE	NAME OF PH	YSICIAN (Print or typ	pe)		SIGNATU	JRE OF PHYSICIAN	I		
I certify all statements made herein are true and correct. SIGNATURE OF EMPLOYEE DATE NAME OF CHAIR/SUPERVISOR SIGNATURE DATE APPROVED DISAPPROVED DISAPPROVED			A	PPLICATION OF PR	EPAYMEN	T OF LEAVE			
herein are true and correct. NAME OF CHAIR/SUPERVISOR APPROVED DISAPPROVED DISAPPROVED DISAPPROVED	FROM (Month, Day, Year) TO (N			TO (Month, Day, Ye	ar)		TOTAL HOURS PF	REPAID	
APPROVED DISAPPROVED			SIGNATURE OF	EMPLOYEE			DATE		
NAME OF APPROPRIATE ADMINISTRATOR SIGNATURE DATE	APPROVED	DISAPPROVED	NAME OF CHAI	R/SUPERVISOR		SIGNATURE		DATE	
			NAME OF APPF	ROPRIATE ADMINIST	RATOR	SIGNATURE		DATE	
APPROVED DISAPPROVED V. 10.20.	APPROVED	DISAPPROVED							V. 10.20.16

PAYROLL COPY		Univer	sity of Guam L	eave Application PPE:// [PPE:// [
NAME (First, Middle, Las	st)			COLLE	GE / UNIT		DATE	
TYPE OF LEAVE [REQUESTED [HRS] []Sick []Jury [] Annual] Military	[] Administrati	/e []Pregnancy- []Related Med []Parental]Other (specify)	[]LWOP	
PAY STATUS [Calculates Automatically] Number of Hours with Pay:			Without Pay:		Total Number of Hours:			
FROM (Hour, Month, Da	ıy, Year)			тс	D (Hour, Month, Day	y, Year)		
REASON								

NOTE: For rules and regulations pertaining to absence from duty, refer to the appropriate personnel policies: (1) Government of Guam Civil Service Personnel Rules and Regulations (classified employees), and (2) University of Guam Personnel Rules and Regulations (academic/non-classified employees).

I certify that the above-named p	DOCTOR'S SICK LEAN erson was under my profess		ng the period stated below.	
FROM (Month, Day, Year)	TO (Month, Day, Year)	HOSPITALIZED: YES	NO
REMARKS (State limitations, if any)				
NAME OF PHYSICIAN (Print or type)		SIGNATURE OF PHYSICIAN		
	APPLICATION OF PREI	PAYMENT OF LEAVE		
FROM (Month, Day, Year)	TO (Month, Day, Year	;)	TOTAL HOURS PREPAID	
I certify all statements made SIGNATUR herein are true and correct.	E OF EMPLOYEE		DATE	
APPROVED DISAPPROVED	CHAIR/SUPERVISOR	SIGNATURE	DATE	
NAME OF A	APPROPRIATE ADMINISTR	ATOR SIGNATURE	DATE	
APPROVED DISAPPROVED				V. 10.20.16