

FILE COPY

University of Guam Leave Application

PPE: ___/___/___ [] hours

PPE: ___/___/___ [] hours

NAME (First, Middle, Last)	COLLEGE / UNIT	DATE
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TYPE OF LEAVE [] Sick [] Annual [] Administrative [] Pregnancy - Related Med [] Parental [] LWOP
REQUESTED [HRS] [] Jury [] Military [] Other (specify)

PAY STATUS [Calculates Automatically]	Number of Hours with Pay:	Without pay:	Total Number of Hours:
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FROM (Hour, Month, Day, Year)	TO (Hour, Month, Day, Year)
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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).

DOCTOR'S SICK LEAVE CERTIFICATION

I certify that the above-named person was under my professional care or quarantined during the period stated below.

FROM (Month, Day, Year)	TO (Month, Day, Year)	HOSPITALIZED: YES	NO
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REMARKS (State limitations, if any)

NAME OF PHYSICIAN (Print or type)	SIGNATURE OF PHYSICIAN
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APPLICATION OF PREPAYMENT OF LEAVE

FROM (Month, Day, Year)	TO (Month, Day, Year)	TOTAL HOURS PREPAID
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I certify all statements made herein are true and correct.	SIGNATURE OF EMPLOYEE	DATE
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APPROVED	DISAPPROVED	NAME OF CHAIR/SUPERVISOR	SIGNATURE	DATE
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APPROVED	DISAPPROVED	NAME OF APPROPRIATE ADMINISTRATOR	SIGNATURE	DATE
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V. 10.20.16

PAYROLL COPY

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V. 10.20.16