



The University of Texas – Pan American
College of Arts and Humanities
Division of Academic Affairs
Leave Approval Request

Date of Request: _____

Employee's Name: _____

Department : _____

_____ Vacation Request

Beginning Date _____ Ending Date _____

Address While on Leave _____

Phone while on leave _____

_____ Sick Leave Request

Beginning Date _____ Ending Date _____

Sick Leave for Self Family Member (circle one)

Relationship to Family Member _____

University duties to be assumed by:	
Class & Meeting time	Person assuming duties

 Employee's Signature Date

 Department Chair Signature Date

 College Dean Signature Date

NOTE: Absences of one day or less need not be approved on this form and may be approved verbally at the discretion of the supervisor. Vacation request should be submitted a minimum of 10 days in advance. Sick leave confirmation may be submitted after the fact. Sick leave of more than three days requires a physician's statement.