

**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)
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PAY STATUS [Calculates Automatically]	Number of Hours with Pay:	Without ay:	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