


AUSTIN PEAY STATE UNIVERSITY  
POLICIES AND PROCEDURES MANUAL

Policy Number: 5:041	Supersedes Policy Number: 5:023
Date: April 18, 1988	Dated: August 1, 1986
Subject: Leave Records	
Initiating Authority: Vice President for Finance and Administration	SBR Policy/Guideline Reference:
Approved:  President	

Adequate leave records indicating years of service of employees and amount of accumulated sick and annual leave shall be maintained for all employees. Leave records shall be available to APSU personnel for appropriate business purposes, and each employee shall have access to his/her leave record upon request.

All annual leave must be approved prior to the employee's absence by submission of the appropriate form (5:041:a for academic personnel, 5:041:b for administrative and staff personnel) to his/her immediate supervisor. If completion of the form is impossible prior to the absence, it must be submitted immediately upon the employee's return to work.

AUSTIN PEAY STATE UNIVERSITY  
Faculty  
Absence Form

This form should be completed and presented for approval before the date of the anticipated absence, whenever possible. Unanticipated absence (i.e., illness) should be reported promptly after the fact. Both require the approval of the chairperson or supervisor and the dean or director.

PLEASE CHECK ONE: ( ) Request for Absence ( ) Report of Absence

1. Name: \_\_\_\_\_ Department/Division: \_\_\_\_\_

2. Date(s) of Absence: \_\_\_\_\_ No. of Working Hours: \_\_\_\_\_

3. (a) Nature of Absence:

( ) Sick Leave ( ) Annual Leave ( ) Institutional Leave

(b) Reason for Absence: (Not Required for Annual Leave)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Arrangements for taking care of classes or other duties:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date Submitted: \_\_\_\_\_

SIGNATURES:

\_\_\_\_\_  
Faculty Member

\_\_\_\_\_  
Chairperson/Supervisor

\_\_\_\_\_  
Dean/Director

NOTES:

1. Sick Leave - Absence due to personal illness, personal injury, medical or dental examinations, exposure to contagious disease, and illness or death of family members.
2. Nine-month academic personnel, full or part-time, whether or not compensated over a twelve-month period, shall not be eligible for annual leave.
3. Institutional Leave - Absence from regularly scheduled activities to attend University-related meetings or activities off-campus.

AUSTIN PEAY STATE UNIVERSITY

ADMINISTRATION AND STAFF

ABSENCE FORM

Employee's Name	Department
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Please mark one:

Type of Leave	No. of Hours	Date(s) of Absence	Reason for Absence
Annual Leave			
Sick Leave			
Other (PAY)			
Other (NO PAY)			

\_\_\_\_\_  
Employee Signature Date

Additional Explanation: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

PROCEDURES:

1. This form shall be used for all days an employee is absent.
2. EMPLOYEE: Prepare form in duplicate, sign and submit to Immediate Supervisor.
3. IMMEDIATE SUPERVISOR OR DIVISION HEAD: Sign both copies and return one copy to the employee. Keep one copy for your file. This form does not take the place of our attendance report, but verifies the employee's accumulated leave. ALL LEAVE MUST STILL BE REPORTED ON ATTENDANCE REPORT AND MUST AGREE WITH LEAVE FORMS FILED IN YOUR OFFICE.
4. Sick leave is an absence due to personal illness, personal injury, medical or dental examinations, exposure to contagious disease, and illness or death of family members.

\_\_\_\_\_DISAPPROVED \_\_\_\_\_APPROVED

\_\_\_\_\_  
DATE Immediate Supervisor or Division Head