Colorado State University
College of Agricultural Sciences

Clear Form

CAS/AES Monthly Leave Request Form

For instructions on completing this form please visit: http://abc.agsci.colostate.edu/collegehr/

Month/Year _____

Name: _____ Department/Unit: _____
(Print)

Total Monthly Hours Taken

☐ Annual Leave* (AL)
Hours

☐ Sick Leave* (SL)
(Indicate self or eligible family member under "Description")
Hours

☐ Other (Indicate leave type under "Description")
Hours

Leave Without Pay†
Administrative Leave
Injury Leave
Parental Leave*
Military Leave*
Bereavement Leave
Jury Duty Leave

☐ No Leave Taken

Dates	Hours	Leave Type	FML*† Designated?	Description	Supervisor Initials (for pre-approval)
		◯ AL ◯ SL ◯ Other	◯ Yes ◯ No		
		◯ AL ◯ SL ◯ Other	◯ Yes ◯ No		
		◯ AL ◯ SL ◯ Other	◯ Yes ◯ No		
		◯ AL ◯ SL ◯ Other	◯ Yes ◯ No		
		◯ AL ◯ SL ◯ Other	◯ Yes ◯ No		
		◯ AL ◯ SL ◯ Other	◯ Yes ◯ No		
		◯ AL ◯ SL ◯ Other	◯ Yes ◯ No		
		◯ AL ◯ SL ◯ Other	◯ Yes ◯ No		
		◯ AL ◯ SL ◯ Other	◯ Yes ◯ No		
		◯ AL ◯ SL ◯ Other	◯ Yes ◯ No		
		◯ AL ◯ SL ◯ Other	◯ Yes ◯ No		
		◯ AL ◯ SL ◯ Other	◯ Yes ◯ No		
		◯ AL ◯ SL ◯ Other	◯ Yes ◯ No		
		◯ AL ◯ SL ◯ Other	◯ Yes ◯ No		
		◯ AL ◯ SL ◯ Other	◯ Yes ◯ No		

*Usage of these approved leave types are entered into HR Personnel/Payroll System (Oracle) by dept/unit HR Liaison. Contact CAS_HR@mail.colostate.edu with questions

†Additional university approvals and Oracle action required

Employee Signature:_____ Date:_____

Supervisor Signature:_____Date:_____

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