



**Postdoc**

**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**

<input type="text" value="N/A"/> Hours	<b>Annual Leave* (AL)</b> <b>(Postdocs do not accrue annual leave)</b>	<input type="text"/> Hours	<b>Other</b> (Indicate leave type under "Description") Leave Without Pay† Administrative Leave Injury Leave	Parental Leave* Military Leave*	Bereavement Leave Jury Duty Leave
<input type="text"/> Hours	<b>Sick Leave* (SL)</b> (Indicate self or eligible family member under "Description")	<input type="text"/> <b>No Leave Taken</b>			

Dates	Hours	Leave Type	FML*† Designated?	Description	Supervisor Initials (for pre-approval)
		<input type="checkbox"/> AL <input type="checkbox"/> SL <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> AL <input type="checkbox"/> SL <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> AL <input type="checkbox"/> SL <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> AL <input type="checkbox"/> SL <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> AL <input type="checkbox"/> SL <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> AL <input type="checkbox"/> SL <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> AL <input type="checkbox"/> SL <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> AL <input type="checkbox"/> SL <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> AL <input type="checkbox"/> SL <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> AL <input type="checkbox"/> SL <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> AL <input type="checkbox"/> SL <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> AL <input type="checkbox"/> SL <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> AL <input type="checkbox"/> SL <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> AL <input type="checkbox"/> SL <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> AL <input type="checkbox"/> SL <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> AL <input type="checkbox"/> SL <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> AL <input type="checkbox"/> SL <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> AL <input type="checkbox"/> SL <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> AL <input type="checkbox"/> SL <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> AL <input type="checkbox"/> SL <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> 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](mailto:CAS_HR@mail.colostate.edu) with questions  
 †Additional university approvals and Oracle action required

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_