The University of Oklahoma
Health Sciences Center

Leave Request Form

LEAVE REQUEST SUBMISSION:

Employee Name: _____   **Employee ID:** _____

Proposed Leave Date(s): _____

_____

_____

Notes: _____

_____

_____

_____

_____
Employee Signature/Date

LEAVE REQUEST RESPONSE:

Leave Request is: ☐ **Approved**   ☐ **Denied**

Reason: _____

_____

_____

_____

_____
Supervisor Signature/Date

*Note to Supervisor: If approved, this leave time must be manually entered into the employee's timesheet in TAL to properly record the use of the leave and ensure the employee receives the appropriate pay. TAL is the system of record. This form should also be attached to the corresponding timesheet(s) in TAL. Please refer to the TAL Supervisor Manual for detailed instructions.