

Administrative Leave With Pay Request and Approval Form

INSTRUCTIONS: This form is used by departments to request the approval of Administrative Leave to recognize eligible employees for special outstanding accomplishments or performance. Administrative leave is subject to procedures and guidelines outlined in System Regulation 31.03.03. **Attach Current Performance Evaluation to this form. Route form to Department head for approval, if applicable.**

Supervisor/Manager initiating request	Date of Award
Department/Unit	Number of hours requested <i>(max 32 hours per fiscal year)</i>
Name(s) & UIN(s) of Employee(s) recommended for Administrative Leave with Pay:	
Description of performance warranting Administrative Leave with Pay:	

I respectfully recommend the employee(s) above for the award of Administrative Leave with Pay and have verified eligibility and proper procedures for such leave according to Texas A&M AgriLife.

 Supervisor/ Manager Signature*

 Date

***Note to Managers and Supervisors:** If approved, the employee must be notified of this award (preferably in writing) and given the date in which the hours must be used (12 months from the date of the award). Any exceptions to this timeframe must be approved by the department head and communicated to the employee.

Approved

Not Approved

 Department Head/Director Name

 Signature*

 Date

(If applicable)

Need Help?
 AgriLife Human Resources
 979.845.2423

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