



Administrative Leave With Pay Application 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, University Rule 31.01.01.M5, and Standard Administrative Procedure 31.01.01.M5.01. **Department heads should begin the routing approval process in line 1 and forward for further review to the division's Vice President listed in line 4. Lines 2 and 3 may be used in the routing process where required. Additional documentation may be attached to this form.**

Supervisor/Manager initiating request (printed name)	Date of Award
Department	Number of hours requested (maximum 32 hrs. per fiscal year)
Name(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 as provided in Standard Administrative Procedure 31.01.01.M5.01:

*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.

1. Department Head / Director **Approved** **Not Approved**

Department Head / Director Name (printed)

Department Head or designee signature

Date

2. If Applicable - Dean / Provost or other routing to VP: **Approved** **Not Approved**

Authorized Name (printed)

Authorized signature

Date

3. If Applicable - Additional routing to Vice President: **Approved** **Not Approved**

Authorized Name (printed)

Authorized signature

Date

4. Vice President **Approved** **Not Approved**

Vice President or designee (printed)

Vice President or designee signature

Date

Form Submission/ Instructions:
Through department's routing of authority
To Division Vice President
Division Vice President or Designee in line 4

NEED HELP?
Benefit Services
(979) 862-1718
benefits@tamu.edu