

Graduate Student Leave Form

Students planning to be away from the School of Pharmacy Pharmaceutical Sciences Department (other than holidays) or who are off for sick time must submit a **Graduate Student Leave Form**. If the leave is related to industry, the student may not receive pay from an industry and Texas Tech University simultaneously while taking leave of absence.

Personal/Vacation Time: Leave form must be completed, approved by Advisor/PI and submitted to the Graduate Program Coordinator *in advance* of time off.

Sick Leave: Approved leave form must be submitted immediately upon return from time off.

- The student will complete a *Request for Leave of Absence Form* and submit it to their Advisor/PI.
- After obtaining the Advisor's signature, the student will submit the form to the Graduate Program Office.
- Copies will be held on file in the Graduate Program Office. If student requires extended leave without pay, copies will be forwarded to the GSBS Office in Lubbock for their approval and signature.
- Refer student to the Human Resources office for instruction regarding family medical leave, if applicable.

Please print or type

_____ is requesting the following day(s) as leave:

Name of student

Date(s) of leave: _____ through _____.

Reason for Leave of Absence: _____.

Contact information:

Emergency contact person:

Email address during leave (if applicable):

_____	_____	_____	_____
Signature of Student	Date	Advisor/PI Signature	Date

To be completed by Graduate Program Office:

Approved available personal leave time: _____ days

Holiday during paid leave (no holiday pay After leave without pay starts) _____ days

Total available time _____ days

Time used this leave: _____ days

+/- Time available _____ days

Leave without pay (requires PAF) _____ days

Students exceeding 10 days of personal leave must get approval for extended leave. If extended leave is approved by GSBS, the departments will submit a PAF to place the student on leave-without-pay. Leave without pay is not available for vacation leave. The PAF requires a GSBS signature.

GSBS Policy & Procedure Manual

Processed LWOP: _____

of LWOP Days: _____