**UNIVERSITY OF KENTUCKY**

**IRIS Absence Record**

This is to request & record my absence from the University on the dates below for the purpose of: (Please mark all leaves that apply.)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **IRIS Earning Codes** | **FROM (date)** | **(time)** | **TO (date)** | **(time)** | **#hours** |
|  |
| **Vacation Leave** (HR Policy and Procedure 80) |
| (7170) Vacation w/ pay |       |       |       |       |       |
| **Temporary Disability Leave(TDL)** (HR Policy and Procedure 82) |
| (7180) TDL Employee w/ pay |       |       |       | . |       |
| (7182) TDL Family w/ pay |       |       |       |       |       |
| **FMLA Leave (FMLA)** (HR Policy and Procedure 88) |
| (7415) FMLA TDL Employee w/ pay |       |       |       |       |       |
| (7416) FMLA Employee w/o pay |       |       |       |       |       |
| (7425) FMLA TDL Family w/ pay |       |       |       |       |       |
| (7426) FMLA Family w/o pay |       |       |       |       |       |
| (7417) FMLA Employee Vacation w/ pay |       |       |       |       |       |
| (\_\_\_\_) FMLA Vacation Family w/ pay |       |       |       |       |       |
| (7414) FMLA Holiday w/ pay |       |       |       |       |       |
| **Other Leave** (HR Policy and Procedure 85, 84, 75, and 73) |
| (7422) Special Leave w/o pay |       |       |       |       |       |
| (7405) Funeral Leave Relationship to deceased:       |       |       |       |       |       |
| (7402) Military Leave w/ pay |       |       |       |       |       |
| (\_\_\_\_) Military Leave w/o pay |       |       |       |       |       |
| (7406) Jury Duty |       |       |       |       |       |
| (     ) Other       |       |       |       |       |       |
| **(7411) Official Univ. Travel** Expenses are being requested [ ] Yes [ ]  No |       |       |       |       |       |
| Specify destination, mode, and purpose of travel:       |
|       |
|       |

|  |  |
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|  |  |
| Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date:       |
| (Type Name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_  | Personnel Number:\_\_\_\_\_\_\_  |
|  |  |
| Approved: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Org. Unit.       |
| Approved: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Org. Unit.      |