



**Graduate Public Service Internship Program
University of Illinois Springfield**

LEAVE AUTHORIZATION FORM

Instructions: To use non-compensable, non-accumulative sick leave hours and/or personal leave hours to be absent from the GPSI workplace, as defined in the GPSI Policy Manual, you must complete this form either prior to or immediately after the absence. (Please refer to your Intern Agreement form to determine your sick and personal leave allotment.)

Do not use this form to request the use of “banked hours” for absence from the workplace. The tracking of banked hours is the responsibility of the intern and the placement supervisor. The tracking of sick and personal leave hours is the responsibility of the GPSI office.

If you have questions, please call Pam McGowan at (217) 206-6158. This form must be signed and dated by both the intern and the GPSI placement supervisor. Please fax, scan and e-mail, or hand deliver this form to the GPSI office by the 15th of each month **with your timesheet** to:

Pam McGowan via Fax: **217-206-7508** or
 via E-mail: pmcgo2@uis.edu

Requested Sick Leave: _____ **Hours** _____ **Date**

Requested Personal Leave: _____ **Hours** _____ **Date**

PLEASE PRINT:

UIN: _____

_____ **Last Name**

_____ **First Name**

_____ **Intern Signature**

_____ **Date**

_____ **Supervisor Signature**

_____ **Date**

GPSI OFFICE USE ONLY	
<input type="checkbox"/> DATABASE UPDATE:	DATE _____ BY: _____
COMPLETED LEAVE FORM -- PLACE IN INTERN'S FILE	