TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER EL PASO APPLICATION FOR LEGISLATIVE LEAVE FOR PEACE OFFICERS

Oate:	
Jame:	Employee R#:
Dates of requested leave From:	Through:
	TUHSCE <u>P:</u>
	Signature of Employee
OUTE FORM TO TTUHSCEP POLICE. To be completed by TTUHSCEP Po	_
a. Is this employee a certified peace	
	erformed during the absence? Provide names of er of hours each is expected to work:
c. Account number to be reimbursed	:
	Signature of TTUHSCEP POLICE

ROUTE FORM TO EXECUTIVE DIRECTOR HUMAN RESOURCES (EDHR)

III. To be completed by Executive Director Human Resources

a. Salary to be paid to employee during leave			
b. Longevity pay to be paid			
c. Premium sharing to be paid d. Value of vacation accrued e. Value of sick leave accrued f. TRS/ORP matching contributions g. Social Security matching contributions			
		h. WCI coverage cost	
		i. Salary of replacement employee(s)	
		j. Longevity pay for replacement employee(s)	
		k. Premium sharing for replacement employee(s) l. Value of vacation accrued by replacement employee(s)	
m. Value of sick leave accrued by replacement employee(s)			
n. TRS/ORP matching contributions for replacement employee(s)			
o. Social Security matching contributions for replacement employee(s)			
p. WCI coverage cost for replacement employee(s)			
TOTAL COST OF LEAVE			
ROUTE APPLICATION TO EMPLOYEE			
Pay above amount to the Bursar and return application to EDHR for approval.			
\$received and deposited to: FOP:	_		
•			
Signature of Bursar	Date		
Approved:			
Signature of EDHR	Date		
RETURN APPLICATION TO: Employee Human Resources File			

TTUHSCEP Police