

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

I. To be completed by applicant:

Date: _____

Name: _____ Employee R#: _____

Dates of requested leave From: _____ Through: _____

Purpose of requested leave: _____

Source of funds to be used to reimburse TTUHSCEP: _____

Signature of Employee

ROUTE FORM TO TTUHSCEP POLICE

II. To be completed by TTUHSCEP Police

a. Is this employee a certified peace officer: _____ Yes _____ No

b. How will employee's duties be performed during the absence? Provide names of replacement employees and number of hours each is expected to work:

c. Account number to be reimbursed: _____

Signature of TTUHSCEP POLICE

