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:

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

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