

**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

**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