

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

**I. To be completed by applicant:**

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Employee ID#: \_\_\_\_\_

Dates of requested leave From: \_\_\_\_\_ Through: \_\_\_\_\_

Purpose of requested leave: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Source of funds to be used to reimburse TTUHSC: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Employee

**ROUTE FORM TO CHIEF OF TEXAS TECH POLICE**

**II. To be completed by Chief of Texas Tech 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 Chief of Texas Tech Police

**ROUTE FORM TO ASSISTANT VP-HR**

**III. To be completed by AVPHR**

- 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 AVPHR for approval.

\$ \_\_\_\_\_ received and deposited to: **Account #** \_\_\_\_\_

\_\_\_\_\_  
Signature of Bursar

Approved: \_\_\_\_\_  
Signature of AVPHR

**RETURN APPLICATION TO:**

Employee  
Personnel File  
Chief of Texas Tech Police