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: FOP: __________________________

____________________________________
Signature of Bursar           Date

Approved:

____________________________________
Signature of AVPHR            Date

RETURN APPLICATION TO: Employee
                       Personnel File
                       Chief of Texas Tech Police

ATKINSON ATTACHMENT B
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July 31, 2015