**LEAVE SHEET**

|  |  |
| --- | --- |
| **Unit/Laboratory/Service:** |  |
| **Reference number:** |  |
| **Employee’s full name:** |  |
| **Address:** |  |
| **Tel. number:** |  |
| **Mail:** |  |

|  |  |
| --- | --- |
| **Type of leave requested (regular, sickness etc.)** |  |
| **Number of days:** |  |
| **Date of receipt of leave:** |  |
|  |  |

**Heraklion, date**

**The employee (signature)**

|  |  |  |
| --- | --- | --- |
| **I propose to grant the requested leave** | **The Principal Investigator** | Full name & Signature |

|  |  |  |  |
| --- | --- | --- | --- |
| **Audit of the Administrative Support Department**  **Financial & Administrative Support Unit (MODY)** | **Is the employee entitled to the requested leave ?** | YES  NO | Full name & Signature |
| **Has the entry in the application been completed?** | YES  NO |
| **Comments deemed appropriate:** |  |

**Comments:**

* The form must be completed before the requested leave is received.
* In case of an emergency where the employee is unable to attend work, the form shall be submitted by the Principal Investigator who must be notified by the employee.
* The competent employee of the Financial & Administrative Support Unit – Special Account for Research Funds (MODY-ELKE) registers the leave only if the form is fully completed and accompanied by the necessary supporting documents.
* For the granting of sick leave requiring the approval by the competent health committee, all the necessary supporting documents shall be submitted to the Financial & Administrative Support Unit (MODY) on time.