



REQUEST FOR LEAVE

Name: _____

Dept: _____

APPROVAL IS REQUESTED FOR THE FOLLOWING:

Starting Date _____	Time _____	AM
		PM
Ending Date _____	Time _____	AM
		PM
Total No. of Days _____ (Academic)		
Or Hours _____ (Civil Service)		

Type of Leave:
_____ Sick
_____ Vacation
_____ Comp Time
_____ Floating Holiday
_____ Funeral
_____ Jury Duty
_____ Leave without Pay
_____ Other (specify in comments)

Notes:

Employee Signature / Date

Supervisor Signature / Date