

College of Education
Request for Leave Form

REQUEST FOR LEAVE

Department Name: _____

Employee Name: _____

Vacation:

Dates (mm/dd/yy): _____

Total Hours: _____

Sick:

Check one: _____ Family _____ Employee

Dates (mm/dd/yy): _____

Total Hours: _____

Comp:

Dates (mm/dd/yy): _____

Total Hours: _____

Other Leave:

Check one: _____ Jury _____ Funeral _____ Administrative Leave

Dates (mm/dd/yy): _____

Total Hours: _____

Employee Signature and Date: _____

Supervisor Signature and Date: _____

Payroll Rep Use Only:

_____ Employee Time Record

_____ Time Roster

_____ Vacation/Sick/Comp Leave Adjustment

revised 9/29/2000