****

LEAVE REQUEST FORM

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee Name Department/ Division

|  |  |  |  |
| --- | --- | --- | --- |
| TYPE OF LEAVE | BEGINNING MO/DAY/YR  HOUR | ENDING MO/DAY/YR  HOUR | TOTAL  HOURS |
| ANNUAL LEAVE  (Request in Advance) |  |  |  |
| SICK LEAVE\* |  |  |  |
| COMPENSATORY LEAVE\*\*  (Request in Advance) |  |  |  |
| LEAVE WITHOUT PAY  (Request in Advance) |  |  |  |
| OTHER\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (See current leave policy) |  |  |  |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

Employee’s Signature Date

APPROVED:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

Immediate Supervisor/Department Head Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

\*\* Dean/ Executive Dean/ Assistant Vice Chancellor/ Date

Vice Chancellor or Chancellor’s Signature

(as appropriate)

\*A physician’s statement or other acceptable proof may be required after three consecutive days of sick leave.

\*\*The signature of an Executive Dean, Dean, Assistant Vice Chancellor, Vice Chancellor or Chancellor’s signature (as appropriate) is required for use of compensatory leave (applies to unclassified staff/administrators).

Form 2400/001 (8/11)