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LEAVE REQUEST FORM

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

 Employee Name Department/ Division

|  |  |  |  |
| --- | --- | --- | --- |
| TYPE OF LEAVE |  BEGINNING MO/DAY/YR HOUR  |  ENDING MO/DAY/YR HOUR | TOTALHOURS |
| 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)