



**LEAVE REQUEST FORM**

\_\_\_\_\_  
Employee Name

\_\_\_\_\_  
Department/ Division

TYPE OF LEAVE	BEGINNING HOUR	MO/DAY/YR	ENDING HOUR	MO/DAY/YR	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/  
Vice Chancellor or Chancellor's Signature  
(as appropriate)

\_\_\_\_\_  
Date

\*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).