

# REQUEST FOR LEAVE

\_\_\_\_\_ Date

Name: \_\_\_\_\_ Campus ID: \_\_\_\_\_ Dept: \_\_\_\_\_

Type of leave requested:  Annual Leave  Sick Leave  Leave without pay  
 Military Leave  Other \_\_\_\_\_

Period of leave: Beginning Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_

Total hours leave will cover: \_\_\_\_\_

I request a leave of absence for the dates above: \_\_\_\_\_  
Signature of Employee

Approved: \_\_\_\_\_ Date: \_\_\_\_\_  
Supervisor