

Leave Request

Position Classification

Name (please print): _____

Administration

Colleague ID Number: _____

Faculty

Support Staff

- *Administrators, Maintenance, and Support Staff must use time in hours*
- *Faculty must list time in days (smallest increment is ¼ day)*

Maintenance

Type (Please Check)	Date(s) of Leave	Amount of Time
<i>Example:</i>	<u>4/20/04, 8 am – 12 pm</u>	<u>4 hours or ½ day</u>
**NOTE: Time of leave is required if requesting less than a full day		
Vacation Leave	_____	_____
Sick Leave	_____	_____
Personal Leave	_____	_____
Floating Holiday	_____	_____
Funeral Leave	_____	_____
<i>Family Relationship</i>	_____	_____
Other Leave	_____	_____
EXPLANATION FOR OTHER LEAVE _____		

***Is any of the requested leave FMLA related? Yes No		
If yes, please indicate the related leave with an asterisk.		

Signature: _____

Date: _____

Approvals: _____

(Supervisor)

(Administrator)

(Human Resources)

Date: _____
