



Employee Leave Request

Employee _____ Full-time Part-time

Department _____ Campus _____ Telephone _____

Employee Email _____ Supervisor's Name _____

Approval should be obtained prior to first day of leave

Type of Leave	First Day of Leave	Last Day of Leave	Time(s)	Total Leave Hours Requested
1. Vacation				
2. Sick				
3. Personal				
4. Administrative				
5.* Jury Duty				
6.* Military				
7. Professional Dev.				
8. Other				

*Attach a copy of the court summons or military orders to this form. The supervisor must forward a photocopy of the form and appropriate documentation to the HR Records prior to the first day of leave to be placed in the employee's master personnel file. Originals should be maintained in the department.

I certify that the above information is correct and I have accrued leave for the time requested.

Signature of Employee

Date

Supervisor

Date