

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