

College of Education  
Request for Leave Form

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REQUEST FOR LEAVE

Department Name: \_\_\_\_\_

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

**Vacation:**

Dates (mm/dd/yy): \_\_\_\_\_

Total Hours: \_\_\_\_\_

**Sick:**

Check one: \_\_\_\_\_ Family \_\_\_\_\_ Employee

Dates (mm/dd/yy): \_\_\_\_\_

Total Hours: \_\_\_\_\_

**Comp:**

Dates (mm/dd/yy): \_\_\_\_\_

Total Hours: \_\_\_\_\_

**Other Leave:**

Check one: \_\_\_\_\_ Jury \_\_\_\_\_ Funeral \_\_\_\_\_ Administrative Leave

Dates (mm/dd/yy): \_\_\_\_\_

Total Hours: \_\_\_\_\_

Employee Signature and Date: \_\_\_\_\_

Supervisor Signature and Date: \_\_\_\_\_

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Payroll Rep Use Only:

\_\_\_\_\_ Employee Time Record

\_\_\_\_\_ Time Roster

\_\_\_\_\_ Vacation/Sick/Comp Leave Adjustment