

Leave Request

This request is submitted for: _____ Number of Days: _____

Department and Building: _____ Phone: _____

Annual Leave

Beginning: _____ And Ending: _____ (Inclusive)

Sick Leave

Beginning: _____ And Ending: _____ (Inclusive)

Leave Without Pay

Beginning: _____ And Ending: _____ (Inclusive)

Signature: _____ Date: _____

Title: _____

Approved By: _____ Date: _____

Requests are to be submitted in advance whenever it is expected two or more consecutive days are to be taken.

Notes:

Extension Educators/Specialists, PAT and Operating Staff should submit two signed copies to their supervisor for review. One copy will be returned upon approval.