

# 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.