



# Employee Leave Request

Employee \_\_\_\_\_  Full-time  Part-time

Department \_\_\_\_\_ Campus \_\_\_\_\_ Telephone \_\_\_\_\_

### Supervisor 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 Leave				
2. Personal Leave				
3. Administrative				
4.* Jury Duty Leave				
5.* Military Leave				
6. 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. 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

\_\_\_\_\_  
Level I Signature

\_\_\_\_\_  
Date