

REQUEST FOR LEAVE

PLEASE CHECK ONE		FOR ACCOUNTING USE ONLY	
ILLNESS		# HOURS POSTED	
FMLA		# HOURS POSTED	
VACATION		# HOURS POSTED	
PERSONAL		# HOURS POSTED	
PROFESSIONAL		# HOURS POSTED	
BEREAVEMENT		# HOURS POSTED	
COURT SERVICE		# HOURS POSTED	
EARNED TIME OFF (ETO)		# HOURS POSTED	

NAME:	CAMPUS ZIP CODE:
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DATE(S) OF ABSENCE *(Indicate number of hours of absence)*

Date:	Hrs.
Date:	Hrs.
Date	Hrs.
Date:	Hrs.
<i>Provide details for professional, bereavement (relationship) or court service leave.</i>	

Faculty Only	The following provisions for classes have been made (in case of pre-arranged faculty absence):	
	<i>Class</i>	<i>Provisions</i>

Signature of Staff/Faculty Member Date

Signature of Supervisor Date