

# 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		DISTRIBUTION	

NAME:		CAMPUS ZIP CODE:	
DATE(S) OF ABSENCE (Indicate number of hours of absence)			
Date:			
Date:			
Date:			
<u>Provide details for professional, bereavement (relationship) or course service leave</u>			

<b>This section is for faculty only:</b>					<b>Office Use Only</b>		
<b>The following provisions for classes have been made (in case of pre-arranged absence):</b>							
Class & Section No	Date of Class	Time Start	Time End	Classroom Coverage details: Name, Curriculum Provisions (test, lecture, lab)	Sub	Proctor	Contact Hours

\_\_\_\_\_  
Signature of Staff/Faculty Member

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Supervisor

\_\_\_\_\_  
Date