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:

DATE(S) OF ABSENCE   *(Indicate number of hours of absence)*

Date:	Hrs.
Date:	Hrs.
Date:	Hrs.
Date:	Hrs.

*Provide details for **professional, bereavement (relationship)** or **court service** leave.*

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

Signature of Staff/Faculty Member   Date

Signature of Supervisor   Date