

# REQUEST FOR LEAVE

PLEASE CHECK ONE		FOR ACCOUNTING USE ONLY	
ILLNESS	<input type="checkbox"/>	# HOURS POSTED	<input type="text"/>
FMLA	<input type="checkbox"/>	# HOURS POSTED	<input type="text"/>
VACATION	<input type="checkbox"/>	# HOURS POSTED	<input type="text"/>
PERSONAL	<input type="checkbox"/>	# HOURS POSTED	<input type="text"/>
PROFESSIONAL	<input type="checkbox"/>	# HOURS POSTED	<input type="text"/>
BEREAVEMENT	<input type="checkbox"/>	# HOURS POSTED	<input type="text"/>
COURT SERVICE	<input type="checkbox"/>	# HOURS POSTED	<input type="text"/>
EARNED TIME OFF (ETO)	<input type="checkbox"/>	# HOURS POSTED	<input type="text"/>

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):	
	Class	Provisions

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

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