

ADMINISTRATOR LEAVE REQUEST

Name: _____ Date: _____

Department: _____ University ID #: _____

Period of Leave: From: _____ To: _____

Total Days Claimed: _____

Please Check One:

*[] Vacation Leave [] Leave without pay

*[] Sick Leave (Doctor's note may be required) [] Jury Duty/Bereavement

***Administrator Sick and Vacation Leave Days are taken in half day increments.**

Employee's Signature: _____ Date: _____

Supervisor's Signature: _____ Date: _____

Payroll Use Only:

Vacation Days Available: _____ Sick Days Available: _____

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