

STAFF LEAVE REQUEST

Name: _____

Date: _____

Department: _____

University ID #: _____

Period of Leave: From: _____

To: _____

Total hours Claimed: _____

Please Check One:

Vacation Leave

Leave without pay

Sick Leave (Doctor's note may be required)

Jury Duty/Bereavement

Employee's Signature: _____

Date: _____

Supervisor's Signature: _____

Date: _____

Payroll Use Only:

Vacation Hours Available: _____ Sick Hours Available: _____

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