

REQUEST FOR LEAVE WITH PAY

EMPLOYEE: _____ Employee ID Number: _____
(Please Print)

DEPARTMENT: _____ MS _____

TITLE: _____

DATES OF REQUESTED LEAVE: From _____ To _____

JUSTIFICATION:

SUPERVISOR: HOW WILL WORK BE ACCOMPLISHED IF LEAVE IS APPROVED?

EMPLOYEE SIGNATURE _____ DATE _____

Supervisor Date () Approved () Disapproved

Dean/Director Date () Approved () Disapproved

Dean/Director Date () Approved () Disapproved

Executive Director Date () Approved () Disapproved
Human Resource Services

COMMENTS

