PROFESSIONAL EMPLOYEES
LEAVE REQUEST/APPROVAL FORM*

A & P, DEPARTMENT CHAIRS, ACADEMIC SUPPORT PROFESSIONALS
AND TEMPORARY OR CONTRACTED PROFESSIONALS

Name (print) ____________________________________________

Department _____________________________________________

Date _____________________________________________________

Signature ________________________________________________

REQUESTING VACATION LEAVE

From: __________________________
Through: ______________________
Total Days: ____________________

INDEX TO VACATION LEAVE

REQUESTING SICK LEAVE

From: __________________________
Through: ______________________
Total Days: ____________________

INDEX TO SICK LEAVE

SICK LEAVE TYPE:

☐ Self
☐ Family
☐ Parental

REPORTING FUNERAL LEAVE

From: __________________________
Through: ______________________
Total Days: ____________________

INDEX TO FUNERAL LEAVE

REPORTING LEAVE FOR COURT
REQUIRED SERVICE

From: __________________________
Through: ______________________
Total Days: ____________________

INDEX TO COURT REQUIRED SERVICE

REPORTING MILITARY LEAVE

From: __________________________
Through: ______________________
Total Days: ____________________

INDEX TO MILITARY LEAVE

Signature ________________________________________________

Date _____________________________________________________

NOTE: MINIMUM INCREMENT FOR SICK LEAVE AND ALL OTHER LEAVE USAGE IS 1/2 DAY.
PLEASE SUBMIT FORM AS PROMPTLY AS POSSIBLE.

* OTHER THAN FACULTY

DISTRIBUTION – Supervisor