

LEAVE REQUEST

STAFF MEMBER'S NAME				_ SEDL UNIT		
TYPE(S) OF LEAVE REQUESTED: SICK (S) VACATION (V)		PERSONAL HOLIDAY JURY DUTY (J)*	⊃ PERSONAL HOLIDAY (P) ⊃ JURY DUTY (J)*		LEAVE W/O PAY FMLA (F)* LEAVE W/O PAY NOT FMLA (L)*	
			(FROM)	(TO)		
Date(s)		Exact Time(s)			No. of Hours**	
					·	
Staff Member's Signature				Date Signed		
Approva	-			G		
	SUPERVISOR'S SIGNATURE		_	SEDL UNIT DIRECTOR'	S SIGNATURE	
	DATE SIGNED		_	DATE SIGNED		
* Supporting documentation required				**Record time to nearest tenth of an hour		

WHITE COPY - OFTS

YELLOW COPY - BUDGET AUTHORITY

PINK COPY - STAFF MEMBER