



Request for Leave Administration, Librarians & Classified Employees

Name: _____ Date: _____ Department: _____

Vacation Leave

of hours requested: _____ # of hours available: _____

Date(s) & time(s): _____

Personal Leave

of hours requested: _____ # of hours available: _____

Date(s) & time(s): _____

Comp/Flex Time

of hours requested: _____ # of hours available: _____

Date(s) & time(s): _____

Sick Leave

of hours requested: _____ # of hours available: _____

Date(s) & time(s): _____

Immediate Supervisor

Date

Area Supervisor

Date

Comments if any: _____
