

Biological Sciences Employee Leave Request

Name: _____

Date Submitted: _____

I hereby request leave for the following time period:

	Mon	Tues	Wed	Thurs	Fri		Mon	Tues	Wed	Thurs	Fri
Date											
Hours											
Time	*If Partial day, please list the time period you are requesting (i.e. 8am-12pm, 4-5pm)										

Type of leave requested:

- Annual
 Personal
 Sick
 Jury Duty

Other: _____

Employee Signature: _____

By signature employee confirms they have the appropriate amount of leave to cover the absence.

Supervisor Signature: _____ Approved Disapproved

Dept. Chair Signature: _____ Approved Disapproved