



LEAVE REQUEST FORM

NAME _____

DEPARTMENT _____

SIGNATURE _____

DATE _____

I REQUEST _____ DAY(S) OR HOUR(S) OFF

Dates: _____

To be used for: _____ annual leave

_____ sick leave

_____ personal holiday

_____ Other: _____

Dean's/Director's signature _____

_____ Date

Please cancel above request:

Employee's signature _____

Dean's/Director's Signature _____

Date: _____