



## Request for Leave of Absence

This form should be completed by the employee at least four weeks before the anticipated leave is to begin. It should be routed in accordance with the approval listing below. Three weeks notice should be given when returning from leave. Completion of this form does not guarantee that the proposed leave will be granted.

Name of Employee: \_\_\_\_\_

Title: \_\_\_\_\_

Proposed Dates of Leave: From \_\_\_\_\_ To \_\_\_\_\_

Reason for Leave:

Leave status (please check one)

Leave with full pay                       Leave at partial pay                       Leave without pay

Please explain how leave credits will be used, partial pay arrangements proposed, and any special arrangements proposed for working during the leave absence:

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

1. Supervisor                       Approve                       Disapprove  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

2. Cabinet Level Administrator                       Approve                       Disapprove  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

3. VP Business & Finance                       Approve                       Disapprove  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

4. President                       Approve                       Disapprove  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_