

Department of Epidemiology and Biostatistics REQUEST FOR LEAVE

NAME: _____
(PRINT NAME)

MONTH OF: _____

Circle Appropriate Code

(A) Administrative (non-meeting) (C) Comp Time (F) Funeral (J) Jury Duty (S) Sick (V) Vacation

(P) Personal (FMLA) Family Medical Leave Act (O) Other – Explain _____

(M) Meeting – Organization _____ Location: _____

WORKWEEK BEGINNING:

WORKWEEK ENDING (ALWAYS SUNDAY):

	SUN	MON	TUES	WED	THURS	FRI	SAT	TOTAL
DATE								
CODE								
CODE (if splitting time)								
NUMBER OF HOURS								

WORKWEEK BEGINNING:

WORKWEEK ENDING (ALWAYS SUNDAY):

	SUN	MON	TUES	WED	THURS	FRI	SAT	TOTAL
DATE								
CODE								
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	SUN	MON	TUES	WED	THURS	FRI	SAT	TOTAL
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WORKWEEK ENDING (ALWAYS SUNDAY):

	SUN	MON	TUES	WED	THURS	FRI	SAT	TOTAL
DATE								
CODE								
CODE (if splitting time)								
NUMBER OF HOURS								

EMPLOYEE: _____

SUPERVISOR: _____

DATE: _____

DATE: _____

ADMINISTRATION: _____

DATE: _____

1. YELLOW COPY RETURNED TO EMPLOYEE UPON APPROVAL
2. ORIGINAL FOR ADMINISTRATION