



STAFF LEAVE REQUEST FORM

(Must Accompany Time Sheet If Applicable)

Employee Name: _____

Banner ID: _____

***Please Note: Do not cross pay periods. You must fill out a separate leave request if leave falls within two separate pay periods.**

Dates of Absence:

From ____/____/____ Time: ____:____ To ____/____/____ Time: ____:____

From ____/____/____ Time: ____:____ To ____/____/____ Time: ____:____

Total Hours Requested: _____

Type of Leave:

Annual: _____ Comp Leave: _____ Leave Without Pay: _____

Sick (Personal): _____ Sick (Illness): _____ Sick (Family): _____

[Policy VI.B.2.f]

Sick (Illness/Family) beyond 3 work days may require a Physicians statement of verification. Policy VI.C.I

Bereavement: _____

*Relationship to Deceased: _____

***Immediate Family defined
Policy III.J.I**

Administrative: _____

Administrative Leave Description: _____

Employee: _____ Date: _____

Signature

Print

Supervisor: _____ Date: _____

Signature

Print