

LEAVE REQUEST
Payroll Division
College of Veterinary Medicine

Department _____

**Must fill out request for approval prior to taking leave.*

**In the event of Sick Leave, form must be filled out immediately upon return to work.*

Name: _____ Date: _____

DATES OF LEAVE Beginning: _____ Through: _____

TIME OF LEAVE From: _____ To: _____

TOTAL HOURS OF LEAVE: _____ A.M. _____ P.M.

REASON FOR LEAVE: (Please indicate in hours; i.e. 8 hrs. vacation, 4 hrs. sick, etc.)

_____ Official	Reason for Official Leave _____
_____ Sick	_____ Compensatory Holiday
_____ Vacation	_____ Other (Jury, Funeral, Military) _____ specify type of leave
_____ Discretionary Day	_____ Compensatory Overtime (non-exempt staff)

Signature of Employee

Signature of Supervisor/Director/Department Head

Date Approved

****Please submit completed form to CVM Business Office 102 Trotter***