

Employee Information

Full Name: _____ Position: _____

Faculty / College: _____

E-mail Address*: _____ Phone Number*: _____

☐ Sick Leave Notes: _____

☐ Vacation Notes: _____

Request: ☐ Personal Leave

☐ Maternal Leave

☐ Paternal Leave

Leave Period: _____ to _____ Total: _____ Day(s)

Preferred Address During Leave: _____

Coordinator During Leave: _____ (if applicable)

Employee's Signature: _____ Date: _____

Document Reviewer's Signature: _____ Date: _____

***PLEASE NOTE:** Employee is responsible for providing a correct mailing address so that the University can get in touch when necessary.

Leave of Absence Record

Type of Leave	Previous Leave (days)	Present Leave (days)	Remaining Days of Leave	Officer's Signature
Sick Leave				
Vacation				
Personal Leave				
Maternal Leave				
Paternal Leave				

Consideration of Supervisor / Dean

☐ Approved

☐ Disapproved Notes: _____

Supervisor / Dean's Signature: _____ Date: _____