

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 (FMLA) Family Medical Leave Act (O) Other-Explain _____

WORKWEEK BEGINNING: _____ WORKWEEK ENDING (ALWAYS SUNDAY): _____

	MON	TUES	WED	THURS	FRI	SAT	SUN	TOTAL
DATE								
CODE								
CODE (if splitting time)								
NO. OF HOURS								

WORKWEEK BEGINNING: _____ WORKWEEK ENDING (ALWAYS SUNDAY): _____

	MON	TUES	WED	THURS	FRI	SAT	SUN	TOTAL
DATE								
CODE								
CODE (if splitting time)								
NO. OF HOURS								

WORKWEEK BEGINNING: _____ WORKWEEK ENDING (ALWAYS SUNDAY): _____

	MON	TUES	WED	THURS	FRI	SAT	SUN	TOTAL
DATE								
CODE								
CODE (if splitting time)								
NO. OF HOURS								

WORKWEEK BEGINNING: _____ WORKWEEK ENDING (ALWAYS SUNDAY): _____

	MON	TUES	WED	THURS	FRI	SAT	SUN	TOTAL
DATE								
CODE								
CODE (if splitting time)								
NO. OF HOURS								

EMPLOYEE: _____

SUPERVISOR: _____

DATE: _____

DATE: _____

ADMINISTRATION: _____

DATE: _____