Department of Epidemiology and Biostatistics
REQUEST FOR LEAVE

NAME: _____   **MONTH OF:**_____

(PRINT NAME)

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								
CODE (if splitting time)								
NUMBER OF HOURS								

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	THRUS	FRI	SAT	TOTAL
DATE								
CODE								
CODE (if splitting time)								
NUMBER OF HOURS								

EMPLOYEE: _____   **SUPERVISOR:** _____

DATE: _____   **DATE:**   _____

1. YELLOW COPY RETURNED TO EMPLOYEE UPON APPROVAL

2. ORIGINAL FOR ADMINISTRATION

ADMINISTRATION:_____

DATE: _____