

**LEAVE REQUEST**  
College of Veterinary Medicine  
Human Resources

*\*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 (non-exempt staff)

\_\_\_\_\_ Vacation \_\_\_\_\_ Other (Jury, Funeral, Military) \_\_\_\_\_

\_\_\_\_\_ Discretionary Day \_\_\_\_\_ compensatory Overtime (non-exempt staff) Specify type of leave

\_\_\_\_\_  
**Signature of Employee**

\_\_\_\_\_  
**Signature of Supervisor**

\_\_\_\_\_  
**Date Approved**