

**REQUEST FOR ANNUAL AND ADMINISTRATIVE LEAVE
and
REPORT OF SICK LEAVE – Department of Biomedical Sciences**

Employee Name (please print): _____

Month/Year: _____

Annual Leave ADVANCE APPROVAL REQUIRED		Administrative Leave / University Travel ADVANCE APPROVAL REQUIRED		Sick Leave (please circle P Personal or F Family)	
Day / # hours	Day / # hours	Day / # hours	Day / # hours	Day / # hours	Day / # hours
1	_____	17	_____	1	_____ P F
2	_____	18	_____	2	_____ P F
3	_____	19	_____	3	_____ P F
4	_____	20	_____	4	_____ P F
5	_____	21	_____	5	_____ P F
6	_____	22	_____	6	_____ P F
7	_____	23	_____	7	_____ P F
8	_____	24	_____	8	_____ P F
9	_____	25	_____	9	_____ P F
10	_____	26	_____	10	_____ P F
11	_____	27	_____	11	_____ P F
12	_____	28	_____	12	_____ P F
13	_____	29	_____	13	_____ P F
14	_____	30	_____	14	_____ P F
15	_____	31	_____	15	_____ P F
16	_____		_____	16	_____ P F
Total hours Annual leave: _____		Total hours Administrative leave: _____		Total hours Sick leave: Personal _____ Family _____	

Please indicate the duties and arrangements that have been made for coverage during the period of your absence:

Employee Signature: _____

Date: _____

Supervisor Approval: _____

Date: _____

Administrator: _____

Date: _____

Notes:

