LEHM AN COLLEGE

LEAVE REQUEST FORM

DATE: ___________

EMPLOYEE: _____________________________      TITLE: __________________________

DEPARTMENT: __________________________      EXTENSION: ____________________

TYPE OF LEAVE AND DATES REQUESTED:

ANNUAL LEAVE:       *Start Date: ___________  **End Date: ___________

SICK LEAVE:                  *Start Date: ___________  **End Date: ___________

UNSCHEDULED HOLIDAY:    *Start Date: ___________  **End Date: ___________

COMPENSATORY TIME:       *Start Date: ___________  **End Date: ___________

TOTAL NUMBER OF DAYS: ________________

EMPLOYEE SIGNATURE: _______________________________

APPROVED            PLEASE SEE ME

SIGNATURE: ____________________________________

*START DATE  includes the first day of your leave
**END DATE  includes the last day of your leave