LEHMAN 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