

**REQUEST FOR LEAVE
DEPARTMENT OF NEUROBIOLOGY AND ANATOMY**

~Faculty instructions: Print form, fill blanks, submit to Department Chairman.

~Non-Faculty instructions: Print form, fill blanks, obtain supervisor's signature, submit to Financial Office.

Employee Name: _____ Today's date: _____

I request leave for the dates of _____ through _____, to return on _____.

Total HOURS of leave requested: _____

PHONE NUMBER where you can be reached in case of emergency: _____

- Type of leave requested:
- | | |
|---|---|
| <input type="checkbox"/> Vacation (VAC) | <input type="checkbox"/> Funeral (BRV) |
| <input type="checkbox"/> Sick Leave (SCK) | <input type="checkbox"/> Jury Duty (JRY) |
| <input type="checkbox"/> Compensatory (non-exempt only) (CMT) | <input type="checkbox"/> Preventative Health (PRT) |
| <input type="checkbox"/> Leave Without Pay (LWO) | <input type="checkbox"/> Holidays Worked (HLT) |
| <input type="checkbox"/> Anniversary (ANT) | <input type="checkbox"/> Administrative Leave (ADT) |
| <input type="checkbox"/> Civic Duty (CDY) | |

-----THIS SECTION FOR FACULTY ONLY-----

Will this conflict with teaching or work schedule? YES NO HEC's initials: _____

NOTE: If there **IS** a teaching conflict, Course Director and substituting faculty must approve.

Course Director

Substituting Faculty
I agree to take responsibility for this individual's teaching activities during the dates of this request.

-----DO NOT WRITE BELOW THIS LINE-----

LEAVE BALANCE

VAC SCK PRT HLT ADT JRY BRV ANT

Leave balance PRIOR to this request: _____ _____ _____ _____ _____ _____ _____

Approved _____ Date _____
Signature: Immediate Supervisor(s)

Disapproved

Approved _____ Date _____
Signature: Director or Chairman

Disapproved