



LEAVE REQUEST/APPROVAL FORM
TEACHING PROFESSIONALS, RESOURCE PROFESSIONALS,
AND INSTRUCTORS

TEACHING PROFESSIONAL/
RESOURCE PROFESSIONAL

INSTRUCTOR

NAME (PRINT):

EMPLOYEE ID/UNIV. ID.

DEPARTMENT:

DATE:

SIGNATURE:

REQUESTING VACATION LEAVE
(RESOURCE PROFESSIONAL ONLY)

FROM:

THROUGH:

TOTAL DAYS:

REPORTING SICK

FROM:

THROUGH:

TOTAL DAYS:

SICK LEAVE TYPE:

SELF

FAMILY

PARENTAL

REPORTING FUNERAL LEAVE

FROM:

THROUGH:

TOTAL DAYS:

REPORTING LEAVE FOR COURT REQUIRED SERVICE

FROM:

THROUGH:

TOTAL DAYS:

REPORTING MILITARY LEAVE

FROM:

THROUGH:

TOTAL DAYS:

SIGNATURE

DATE

NOTE: MINIMUM INCREMENT FOR ALL LEAVE USAGE IS 1/2 DAY.
PLEASE SUBMIT FORM AS PROMPTLY AS POSSIBLE.

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