



A. INSTRUCTIONS

- 1. Complete, sign and date form, then submit to Supervisor for consideration in terms of accruals, operational needs, and schedule.
2. For Section D below, attach copy of event information and Request for Approval of Travel.

B. REQUESTED BY

Employee Name: Employee ID:
Signature: Date:

C. TYPE/DATE(S)/TIME REQUESTED

- Vacation, Personal Holiday, CTO, Personal Sick Leave, Family Sick Leave, Other (explain):
Jury Duty / Subpoenaed Witness (attach copy of summons), Bereavement, Informal Leave W/O Pay (up to 15 days), Leave of Absence (more than 15 days - submit LOA form), Work Related Injury (see Workers' Comp Specialist)

Date(s):

TOTAL NUMBER OF HOURS REQUESTED:

D. TRAVEL/CONFERENCE/SEMINAR/WORKSHOP/CLASS (attach event information)

Name of Event:
Location/City:
Start Date: End Date:

E. SIGNATURES

- Approved Denied

Supervisor: Date:
Dean: Date: