## DEPARTMENTAL USE ONLY FACULTY AND STAFF REQUEST FOR APPROVAL TO TAKE LEAVE

Last Name _		First		Middle Name	
Banner ID #		Leave Beginning	g Date	Leave Endir	ng Date*
Banner Org					
Hours	Minutes - Hours Conversion	15 min = .25	30 min = .50	45 min = .75	
	Annual Leave Administrative Leave (Docu Community Service (School Compensatory Leave Family/Medical Leave Withe Family Sick Leave Military Leave (Copy of Orc Other Leave Without Pay Overtime Leave Personal Leave Without Pa Recognition Leave Sick Leave Sick Leave Without Pay VSDP Sick Leave VSDP Family and Personal VSDP Disability Credits Worker's Compensation	I Assist) Leave  out Pay  lers Required)  De	,		
Employee Signature:		Supervisor Si	gnature:		Date Submitted:
Comments:					

Revised 01/06