



LEAVE FORM

Employee _____ Position _____

Date(s) of Absence _____

Reason for Absence: _____

Mark appropriate reason for leave (leave balances are available on BANNER)

_____ Medical – **FILE WITHIN TWO WORKING DAYS OF THE LAST DAY OF ABSENCE**
(you earn 10 hours per month)

_____ Personal (2 days may be used for personal use)

_____ Annual/Vacation (applies to 12 month employees only) – **FILE SEVEN DAYS IN ADVANCE OF ABSENCE** (you earn 7 hours per month)

Administrative/Professional Leave, (ALL out-of-state travel must go before the Board) You MUST complete the following: Please provide any pertinent information needed for determining approval for leave.

Location: _____

_____ Administrative/Professional – **FILE SEVEN DAYS IN ADVANCE OF ABSENCE**

_____ Yes, a vehicle is needed for travel (**Must complete vehicle reservation form**)

_____ No vehicle is needed

Employee _____ Date Filed _____

Supervisor/Division Chair _____ Date Received _____

Director/Associate VP _____ Date Received _____

Vice President _____ Date Received _____

Executive Vice-President _____ Date Received _____

President _____ Date Received _____

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