

**DEPARTMENTAL LEAVE APPROVAL FORM**

Permission is requested to observe leave on the date(s) marked and as categorized by the appropriate code below.

- A – Annual Leave
- S – Sick Leave
- F – Sick Leave Family
- D – Death in Family
- J – Jury Duty
- M – Military Duty
- L – Leave Without Pay
- O – Other \_\_\_\_\_

Indicate Hours taken per day / (slash) code.  
 Example: 8/A = 8 hours Annual Leave; 2/S = 2 hours Sick Leave;

DATE						
DAY	MON	TUE	WED	THU	FRI	SA/ SU
HOURS						

TOTAL HOURS \_\_\_\_\_

DATE						
DAY	MON	TUE	WED	THU	FRI	SA/ SU
HOURS						

TOTAL HOURS \_\_\_\_\_

\_\_\_\_\_  
Employee Name Print

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor Approval

Faculty: Please indicate what fiscal year Annual Leave is taken under. Record all leave except Annual Leave and Professional Leave on Greenbar Time Sheet  
 Staff: Record all leave except Professional Leave on Time Record sheet

If leave date(s) change after form is submitted, please inform an administrative staff member.

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TOTAL \_\_\_\_\_

\_\_\_\_\_  
Employee Name Print

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
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