DEPARTMENT OF MOLECULAR SCIENCES
LEAVE REQUEST FORM

Name: __________________________ Date: __________________

I hereby request __________ (Days and or/Hours) off during the period from __________ (Date and/or Time) to __________ (Date and/or Time).

Reason for Absence: (Check one of the following)

_____ A - Annual Leave        _____ S - Sick Leave
_____ F - Funeral Leave       _____ P - Personal Leave Day
_____ J - Jury/Court Duty     _____ Y - Leave Without Pay
_____ M - Military Leave      _____ O - Other

Explanation for Absence: ________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

Employee Signature: ________________________________________________________________

Approved: __________________________ Date: __________________

Disapproved: __________________________ Date: __________________