

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:** _____