Department of Anatomy and Neurobiology
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
(Non-Exempt Employees Only)

_____ J – Jury/court Duty
_____ Y – Leave Without Pay

_____ M – Military Leave
_____ O – Other

Explanation for Absence: ______________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

Employee Signature: _________________________________________________________

Approved: ___________________________            Date: __________________________

Disapproved: ___________________________          Date: __________________________