Leave Request

To:_____   Date:_____

From:_____

Type of Leave:

Annual	Military	
CEAL (Child Education Activity Leave)		Personal (Full-Time Faculty Only)
Compensatory	Professional	
Educational	Sick	
Jury Duty	Without Pay	

Date(s) of Absences:

From:		To:		Hours Used:	
From:		To:		Hours Used:	
From:		To:		Hours Used:	
				Total Hours Used:	**0.00**

Comments: _____

Electronic Signatures

Employee	Clear	_____ Date: _____	_____
Supervisor	Clear	_____ Date: _____	_____
Grant Manager	Clear	_____ Date: _____	_____
AVC/VC	Clear	_____ Date: _____	_____

(Chancellor approval is only needed for leave of more than 5 days)

Chancellor	Clear	_____ Date: _____	_____

Revised 8/28/14