



To: _____

Date: _____

From: _____

Type of Leave:

- | | |
|--|--|
| <input type="checkbox"/> Annual | <input type="checkbox"/> Military |
| <input type="checkbox"/> CEAL (Child Education Activity Leave) | <input type="checkbox"/> Personal (Full-Time Faculty Only) |
| <input type="checkbox"/> Compensatory | <input type="checkbox"/> Professional |
| <input type="checkbox"/> Educational | <input type="checkbox"/> Sick |
| <input type="checkbox"/> Jury Duty | <input type="checkbox"/> 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	_____	Date: _____
Supervisor	_____	Date: _____
Grant Manager	_____	Date: _____
AVC/VC	_____	Date: _____

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

Chancellor

Date:

