

# Undergraduate Studies

## Record of Leave and Absence

Date \_\_\_\_\_

Employee Name \_\_\_\_\_

Employee ID# \_\_\_\_\_

- ✓ Directions: If you have pre-planned vacation or sick leave please submit this form as far in advance of your leave as possible.
- ✓ If you have unexpected sick or vacation leave please submit this form on your first day of return to work.

### Please check the appropriate category

**Vacation Leave**

Date (s) Requested  
From \_\_\_\_\_ to \_\_\_\_\_

Total hours requested \_\_\_\_\_

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**Sick Leave**

Date (s) Requested  
From \_\_\_\_\_ to \_\_\_\_\_

Total hours requested \_\_\_\_\_

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**Unexpected Leave**    Sick     Vacation     Bereavement

Date (s) Requested  
From \_\_\_\_\_ to \_\_\_\_\_

Total hours requested \_\_\_\_\_

**Employee Comments:**

Supervisor's Signature \_\_\_\_\_ Date \_\_\_\_\_

Approved \_\_\_\_\_ Disapproved \_\_\_\_\_

**Supervisor Comments:**

\*\*\*\*\*This form must be signed by your immediate supervisor for leave approval.