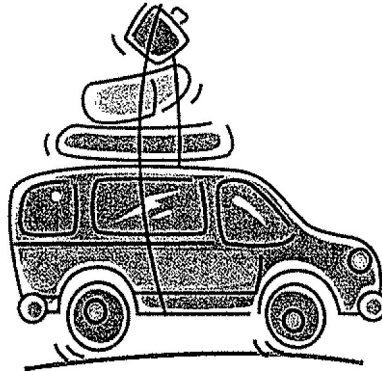


Department of Biology
LEAVE REQUEST FORM



Name: _____ Date: _____

Request for _____ Annual Sick Personal

Dates: _____

I have leave available for this request: Yes No

Reason for leave: _____

Staff Member: _____
(signature) (date)

Approved: Yes: _____ No: _____

(supervisor signature) (date)

Reason for disapproval: _____

Note: Requests for one day or two consecutive days leave must be requested two days prior, except in cases of documented emergencies. Requests for leave in excess of two consecutive days must be requested one week in advance, except in cases of documented emergencies.