

UNIVERSITY LIBRARY

REQUEST FOR PERSONAL LEAVE FORM FOR FACULTY/STAFF

DATE(S) OF REQUESTED LEAVE:

TYPE OF LEAVE REQUESTED: Vacation (total hours)
 Sick (total hours)
 Other (total hours)

Comments:

Will any work assignments be missed? no yes

If yes, indicate below what arrangements have been made for appropriate coverage.

Signature of Requester _____ Date _____

Approved/Disapproved _____

Signature of Department Head Date

Approved/Disapproved _____

Signature of Coordinator Date

Approved/Disapproved _____

Signature of Dean of Libraries Date

(Required only for individuals reporting directly to the Dean)

Note: Send copies of approved faculty leave forms to Dean's Office.