ADMINISTRATOR LEAVE REQUEST

Name:		Date:
Department:		University ID #:
Period of Leave: From:		To:
Total Days Claimed:		
Please Check One:		
*[] Vacation Leave	[]	Leave without pay
*[] Sick Leave (Doctor's note may be required)	[]	Jury Duty/Bereavement
*Administrator Sick and Vacation Leave Days are to	aken in h	nalf day increments.
Employee's Signature:		Date:
Supervisor's Signature:		Date:
Payroll Use Only:		
Vacation Days Available: Sick Days Available:		<u> </u>
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Revised 03/27/06