

Office of Title III Program

TITLE III OFFICE PERSONNEL LEAVE REQUEST FORM

Individual Requesting Leave:		Date			
Title(s) or Position(s):					
I respectfully request permission to b	e absent from	n the Un	iversity:		
FROM: Date Hour	<u> </u>	TO:	Date	Н	our
Number of Days: and	/or hours:				
Type of Leave: (Annual, Administrative Pa	id, Sick, Jury, Mi	ilitary, Per	sonal, Profe	ssional Meeting or B	Business)
Purpose of Leave (except for person	al)				
Destination (except for personal):					
University funds requested: () No	() Yes		
If yes, how much and from what acco	ount?	Amour	t	-	Budget #
Requesting use of University Vehicle	e: () No	() Yes		Ū
If yes, which type: () Van	() Car	() Mini Bus	
Signature of Individual Requesting Leave				Date	
Approved by:					
Supervisor/Signature			Date		
Princess Anne, Maryland 21853	www.u Tel: (410) 651-	mes.edu 8325/833	4/6668	Fax: (410)	651-7513