

WESTERN MICHIGAN UNIVERSITY

Request for Annual Leave – Facilities Management (non-bargaining unit employees)

Employee Name _____ Date of Request _____

Date(s) Requested _____ through _____ Total number of work days _____

(If dates span more than one pay period, please use a separate form for each pay period.)

Leave approved * Leave denied Date _____

Supervisor signature _____ Date _____

* Approval is granted for the period requested contingent upon the availability of accrued annual leave hours.
No employee shall be permitted to draw an advance on annual leave which has not accrued to him/her.
All employees are accountable for tracking their own individual balances.

Requestor must give copy to Timekeeper.