

# UNIVERSITY LIBRARIES FACULTY LEAVE REQUEST FORM

Attach to monthly calendar

Dates of leave: \_\_\_\_\_

Hours: \_\_\_\_\_

\_\_\_\_\_ Annual/Personal

\_\_\_\_\_ Sick Leave

\_\_\_\_\_ Administrative Leave (specify)

\_\_\_\_\_ Other (specify)

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

THE FOLLOWING NEED PRE-  
APPROVAL SIGNATURES.  
**ATTACH A MEMO STATING THE  
REASON FOR YOUR REQUEST.**

\_\_\_\_\_ LEAVE WITHOUT PAY

\_\_\_\_\_ FAMILY LEAVE

\_\_\_\_\_  
Department Head Date

\_\_\_\_\_  
Associate Director Date

\_\_\_\_\_  
Dean of Libraries Date