



REQUEST FOR LEAVE

STATE SYSTEM OF HIGHER EDUCATION

REV. 8/96

NAME (LAST, FIRST, MIDDLE INITIAL)

SOC. SEC. NO.

LEAVE START DATE & TIME

LEAVE CODE*

EMPLOYEE SIGNATURE

DATE

LEAVE END DATE & TIME

HOURS

REMARKS

- CHANGE
- MEDICAL CERTIFICATE ATTACHED
- FAMILY RELATIONSHIP _____

APPROVING AUTHORITY SIGNATURE

DATE

- APPROVED
- DISAPPROVED

TIMEKEEPER INITIALS

Record of Absence POSTED

1. RECORD FILE-TIMEKEEPER

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