STATE SYSTEM OF HIGHER EDUCATION
REV. 8/96

REQUEST FOR LEAVE

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