

**Office of Admissions  
Leave Request**

BU: ASCR

<b>Name:</b>		<b>ID#:</b>	
Annual Leave	Sick Leave	Family Sick Leave	Other
# of Hrs	Time Out	Time In	Date(s)
_____ In filling out this form, I have reviewed my leave and have adequate leave for this request.			
_____ I would like to meet to discuss my leave.			
Employee Signature		Supervisor Signature	
Date		Date	

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