| Office of Admissions Leave Request BU: ASCR | | | | | | | | | | |
|--|----------|----------------------|----------------------|--|--|--------------|------------|-------------------|-------|--|
| | | | | | | Name: | | ID#: | ID#: | |
| | | | | | | Annual Leave | Sick Leave | Family Sick Leave | Other | |
| # of Hrs | Time Out | Time In | Date(s) | | | | | | | |
| | | 1 | | | | | | | | |
| In filling out this form, I have reviewed my leave and have adequate leave for this request. | | | | | | | | | | |
| in ining out this form, I have for even in floure and have adequate four of this request. | | | | | | | | | | |
| I would like to meet to discuss my leave. | | | | | | | | | | |
| Employee Signature | | Supervisor Signature | Supervisor Signature | | | | | | | |
| Date | | Date | Date | | | | | | | |

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| Name: | | ID#: | ID#: | | |
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| # 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 | Supervisor Signature | | |
| Date | | Date | Date | | |