



Leave of Absence Request - Non-Teaching Personnel

First Name : _____

Last Name : _____

Employee # : _____

Category : _____

Department : _____

Classification : _____

Type of Leave: _____

Percentage of Leave: _____

Start Date: _____

End Date: _____

Description: _____

Supporting documentation:

*For Professional Development only

Attached

To Follow

Employee Signature

Date

Recommendation of Supervisor

I recommend that the above employee be granted a leave

I do not recommend that the above employee be granted a leave

Supervisor Signature

Date