



**SON LEAVE REQUEST
FACULTY ONLY**

TYPES OF LEAVE

This form is to be used for Administrative Leave with Pay/Training and Annual Leave that falls outside of the SON assigned days off.
Sick Leave can be entered directly into Workday

NAME: _____

I am requesting leave as follows:

<u>DATE</u>		<u>DATE</u>		<u># DAYS</u>		<u>TYPE OF LEAVE (SEE BELOW)</u>
_____	to	_____		_____		_____
_____	to	_____		_____		_____
_____	to	_____		_____		_____

REASON FOR LEAVE: _____

EXPLANATION OF JOB COVERAGE: _____

To the best of my knowledge, the facts stated above are accurate.

Employee Signature

Date

Approved _____

Disapproved Supervisor's Signature _____

Date