UC EXTENSION OFFICE STAFF

Employee Request for Leave

Name:_____ Date Request Made: _____

Date Revised: _____

☐ Vacation Leave From _____ thru _____ Total Hrs. _____
Date Time Date Time

☐ Sick Leave From _____ thru _____ Total Hrs. _____
Date Time Date Time

☐ Comp. Time From _____ thru _____ Total Hrs. _____
Date Time Date Time

From _____ thru _____ Total Hrs. _____
Date Time Date Time

☐ Leave W/O Pay From _____ thru _____ Total Hrs. _____
Date Time Date Time

Comments: _____

_____

_____

Time Off Approved:

Supervisor: _____ Date: _____

Advisor: _____ Date: _____

County Director: _____ Date: _____

Distribution Copies of Approved Request:

White -Office Manager Yellow- UC Administrative Assistant Pink-Employee