

<b>Leave Request Form</b>		<b>Employee ID -</b>	
<b>INFORMATION</b>			
<b>Today's Date:</b>			
<b>Division/Section:</b>			
<b>Employee/Faculty Name:</b>			
<b>Type of Leave Requested: (Vacation, Professional, Sick, Other)</b>			
<b>First Business Day Out:</b>			
<b>First Business Day Returned:</b>			
<b>Total Number of Business Days:</b>			
<b>Total Number of Business Hours:</b>			
<b>FOR PROFESSIONAL TIME ONLY:</b>			
<b>Name of Conference:</b>			
<b>Location of Conference:</b>			
<b>Have you been asked to present or attend?</b>			
<b>SIGNATURES</b>			
<b>Employee/Faculty Member:</b>			<b>Date:</b>
<b>Leave Time Verification:</b>			<b>Date:</b>
<b>Supervisor or Section Chief:</b>			<b>Date:</b>
<b>International Travel Request:</b>			<b>Date:</b>
<b>Request Denied by:</b>			<b>Date:</b>
<b>Reason for denial:</b>			

