|  |  |
| --- | --- |
| **Application for Personal Leave Days**  **October 1, 2019 to June 30, 2020**  **EMPLOYEE INFORMATION** | |
| LAST NAME | FIRST NAME |
| EMPLOYEE ID | |
| DEPARTMENT | |
| SUPERVISOR | |

**Proposed Schedule (4.0 Consecutive Days)**

|  |  |
| --- | --- |
| **Beginning Date** | **Ending Date** |
|  |  |

**OR**

**Proposed Schedule (4.0 Non-Consecutive Days)**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Leave Day Date** | **1/2 Day**  **(am or pm)** | **Full Day** |
| **1** |  |  |  |
| **2** |  |  |  |
| **3** |  |  |  |
| **4** |  |  |  |
| **5** |  |  |  |

|  |  |
| --- | --- |
| EMPLOYEE SIGNATURE | DATE |

**APPROVAL**

|  |  |
| --- | --- |
| **SUPERVISOR** | |
| NAME | TITLE |
| SIGNATURE | DATE |

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