|  |
| --- |
| **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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