

**Center on Aging and Health
Leave Request Approval Form**

Employee Name (print):

Today's Date:

Employee Signature:

Please indicate (✓) which leave you are charging and each day (MM/DD/YR) requested for leave:

Leave to be Charged	Dates Requested for Leave Non-Exempt Staff may take increments of an hour Exempt Staff may take increments of not less than ½ day
<input type="checkbox"/> Vacation (V)	
<input type="checkbox"/> Sick (S)	
<input type="checkbox"/> Sick Family (SF)	
<input type="checkbox"/> Floating Holiday (FH)	
<input type="checkbox"/> Personal Day* (P)	
<input type="checkbox"/> Personal Business (can be made up w/in same pay period, otherwise charged to vacation)	
<input type="checkbox"/> Sick Vacation (SV) (when vacation is used as sick leave)	

Required Approvals**

Signature of Direct Faculty/Senior Staff Supervisor

Date: _____

Signature of Direct Faculty/Senior Staff Supervisor
(if applicable)

Date: _____

Signature of Center Administrator

Date: _____

* Personal Days are ONLY used for jury duty (official form required) or funerals (immediate family, up to 3 days allowed).
** Leave is not considered approved until you receive a copy of this form back with necessary signatures.