

Appendix E

Approved by BOA - June 12, 2008

**University of Appalachia
College of Pharmacy
Request for Leave**

Name: _____

Date: _____

Leave Use Type:

V= Vacation S= Sick LWOP =Leave Without Pay O = Other ML = Military

P= Professional/Educational C= Compensatory CL= Civil Leave/Jury Duty

Leave Type	Date (From – To)	Hours	Approved (Yes or No)	Supervisor Initials
	-			
	-			
	-			

Bereavement (must be a member of your immediate family, which for the purposes of this form is defined as parent, sibling, grandparent, spouse, child or grandchild):

*Provide name and relationship with deceased:

Other leave: Please explain.

Leave Type Earned:

C= Comp.

OT= Overtime earned

Type Earned	Date Earned	Hours	Approved (Yes and No)	Supervisor Initials

Comments:

Employee Signature: _____

Supervisor Signature: _____ Date: _____