

VIRGINIA WESLEYAN UNIVERSITY LEAVE REQUEST FORM

THIS IS TO REQUEST \_\_\_\_\_ HOURS/DAYS (CIRCLE ONE) OF

- \_\_\_\_\_ PAID ANNUAL LEAVE (PAL)
- \_\_\_\_\_ SHORT TERM DISABILITY
- \_\_\_\_\_ FAMILY AND MEDICAL LEAVE
- \_\_\_\_\_ LEAVE WITHOUT PAY

(CHECK ONE ABOVE)

MY LAST DAY AT WORK WILL BE \_\_\_\_\_ . I WILL  
RETURN TO WORK ON \_\_\_\_\_ .

\_\_\_\_\_

SIGNATURE

DATE

PRINT NAME

EMPLOYEE SHOULD ATTACH ANY NECESSARY DOCUMENTATION (IE., MEDICAL NOTES) BEFORE FORWARDING TO SUPERVISOR.

APPROVED/NOT APPROVED (CIRCLE ONE)

SUPERVISOR SIGNATURE

DATE

APPROVED/NOT APPROVED (CIRCLE ONE)

VICE PRESIDENT SIGNATURE  
(IF REQUIRED BY POLICY)

DATE

COPY OF APPROVAL OR NON-APPROVAL SENT BACK TO EMPLOYEE ON

DATE

COPY TO PERSONNEL FILE