

**LANDER UNIVERSITY**

**ADMINISTRATION/FACULTY/STAFF**

**APPLICATION FOR LEAVE**

TO: Human Resources L # \_\_\_\_\_

SUBJECT: Leave Request NAME \_\_\_\_\_

**TYPE OF LEAVE (check type of request)**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Annual                  | <input type="checkbox"/> Sick (Personal)        | <input type="checkbox"/> Sick (Family) |
| <input type="checkbox"/> Holiday                 | <input type="checkbox"/> Jury                   | <input type="checkbox"/> Military      |
| <input type="checkbox"/> Compensatory (Overtime) | <input type="checkbox"/> Compensatory (Holiday) | <input type="checkbox"/> Family Death  |
| <input type="checkbox"/> No Pay                  | <input type="checkbox"/> Other                  |  |

Comments: \_\_\_\_\_

**HOURS OF LEAVE TAKEN**

Date	Day	Hrs. Taken		Date	Day	Hrs. Taken
	Monday				Monday	
	Tuesday				Tuesday	
	Wednesday				Wednesday	
	Thursday				Thursday	
	Friday				Friday	
Total Hrs. Requested				Total Hrs. Requested		

*The number of days leave requested does not exceed the number of days accumulated to my credit.*

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of Supervisor**

\_\_\_\_\_  
**Date**

**Send approved leave slip to Office of Human Resources. Copies for supervisor and employee should be made in individual departments before sending to Office of Human Resources.**