Wilberforce University
FACULTY REQUEST FOR LEAVE

Return Form to Human Resources

Date of Request: _____

_____ Name of Employee	_____ Title	_____ Department

Request is made for	_____ days of LEAVE WITHOUT PAY	*from*	_____ Month	_____ Day	_____ Year	*through*	_____ Month	_____ Day	____ Year

Request is made for	_____ days of SICK LEAVE	*from*	_____ Month	_____ Day	_____ Year	*through*	_____ Month	_____ Day	____ Year

Request is made for	_____ days of PERSONAL LEAVE	*from*	_____ Month	_____ Day	_____ Year	*through*	_____ Month	_____ Day	____ Year

_____ _____
Employee Signature Date

_____ _____ _____
Supervisor Signature Print Name Date

_____ _____
Payroll Date

_____ _____
Human Resources Date

This form is to be filed in the Office of Human Resources IMMEDIATELY AFTER taking sick or personal leave. It is the responsibility of supervisors to ensure employees under their supervision turn in leave requests promptly.