

PROFESSIONAL LEAVE REQUEST

Name

Employee ID #

Title

I request:

_____ working day(s) annual leave with pay beginning _____ & ending _____

_____ working day(s) annual leave with pay beginning _____ & ending _____

_____ working day(s) annual leave without pay beginning _____ & ending _____

_____ working day(s) sick leave with pay beginning _____ & ending _____

_____ other (specify _____)

Employee Signature

Date

Supervisor Signature

Date

Comments:

This form is to be completed and approved **prior** to annual leave. If sick leave is taken, complete form as soon as possible after returning to work. If actual annual leave differs from the above dates, this information is to be communicated to your supervisor in writing at the earliest practical time.

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