



VITERBO UNIVERSITY

LEAVE REQUEST ADMINISTRATION AND FACULTY

PLEASE TYPE OR PRINT

NAME _____ DEPT. _____

VITERBO ID _____ DATE _____

Vacation Leave-12 month, full-time administration
Date(s) of Leave _____ Total Hours _____

Sick Leave
Date(s) of Leave _____ Total Hours _____

Compassionate Leave
Date(s) of Leave _____ Total Hours _____

Military Leave (submit copy of orders)
Date(s) of Leave _____

Leave of Absence (Leave without pay) Attach reason for leave.
Date(s) of Leave _____

All requests are to be submitted through your immediate supervisor to the Executive Officer for approval. Your supervisor will return a properly signed copy as authorization of requested leave.

APPROVAL RECOMMENDED

EMPLOYEE SIGNATURE

IMMEDIATE SUPERVISOR

APPROVAL

EXECUTIVE OFFICER

Forward **original** to Payroll
Forward a copy to supervisor



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