

# Mary Baldwin University | Leave Request Form

Name: \_\_\_\_\_

Office: \_\_\_\_\_

Month/Year: \_\_\_\_\_

I hereby request a leave from my duties for the period beginning

\_\_\_\_\_ and ending \_\_\_\_\_  
MONTH/DAY/YEAR MONTH/DAY/YEAR

for the following reasons:

Vacation Leave: Days \_\_\_\_\_  
Hours \_\_\_\_\_

Sick Leave: Days \_\_\_\_\_  
Hours \_\_\_\_\_

Other: Days \_\_\_\_\_  
Hours \_\_\_\_\_

\*Explanation of "Other" leave: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

PLEASE RETURN THIS FORM TO  
**BECKY McCRAY** IN THE BUSINESS OFFICE  
BEFORE THE 12<sup>TH</sup> OF THE MONTH.