Youngstown STATE UNIVERSITY

REQUEST FOR LEAVE

Please check one:
- Classified / FOP
- Administrative
- Faculty

Employee Name: ______________________________ **Total Hours:** [ ]

Banner ID: ____________ **Department:** ____________

Enter Date/Time as mm/dd/yyyy, hh:mm.

I request **PAID LEAVE** for the reason(s) indicated below**:**

SICK LEAVE

Personal illness/injury/examination or treatment by a licensed medical practitioner — **From:** [ ] Date / Time **To:** [ ] Date / Time **Hours:** [ ]

Pregnancy and/or childbirth and related medical conditions — **From:** [ ] Date / Time **To:** [ ] Date / Time **Hours:** [ ]

Due date: __________ Anticipated return date: __________

Illness/injury/treatment of immediate family member: — **From:** [ ] Date / Time **To:** [ ] Date / Time **Hours:** [ ]

____
Name Family Relationship

BEREAVEMENT LEAVE

Death of ____________ on ____________ — **From:** [ ] Date / Time **To:** [ ] Date / Time **Hours:** [ ]
Family Relationship Date

OTHER PAID LEAVES: Please select from the Leave Type menu.

From:	To:	Hours:	Leave Type:
Date / Time	Date / Time		
Date / Time	Date / Time		
Date / Time	Date / Time		

I request **LEAVE WITHOUT PAY** for reasons indicated below:

From:	To:	Hours:	Leave Type:
Date / Time	Date / Time		

CANCELLATION OF APPROVED LEAVE ____________ ____________ hours on ____________
(**Indicate type of leave**) date(s)

____

____
Employee Signature Date

☐ **Approved** ☐ **Disapproved**

____
Supervisor/Department Head/Dean Date

Comments:

[ ]