



College of
Liberal Arts and Sciences

ACADEMIC STAFF REQUEST FOR TIME OFF

Name: _____

Today's date: _____

Check appropriate box:

Vacation (must be scheduled in advance)

Compensation time (must be scheduled in advance)

Personal Day(s) (must give sufficient advance notice) - Eligible after sixth month of employment and allowed 2 days per fiscal year for employees with < 10 years employment and 3 days > 10 years employment.

Date(s) requested off: _____

Your request for time off is:

APPROVED

NOT APPROVED

Reason for denial:

Chair/Director Signature:

Date:

Please respond to employee via email in a timely manner and attach this pdf.