

## Leave Request for Non-Exempt Employees

Date(s) of Requested Leave \_\_\_\_\_  
Month / day / year

Indicate leave type and the number of total hours:

\_\_\_\_\_ Vacation                      \_\_\_\_\_ Sick                      \_\_\_\_\_ Other

Comments:

\_\_\_\_\_  
Requestor's Signature.

Date: \_\_\_\_\_

\_\_\_\_\_ APPROVAL

Date: \_\_\_\_\_

Direct Supervisor (Department head, Coordinator, or Dean)

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**Note: All leave requests require approval by the supervisor of the non-exempt employee. Supervisors may approve work schedules that accommodate the needs of individuals AND the library if doing so does not conflict with any university or state policy.**

**The number of hours reported on this form must match the biweekly time sheet signed by the direct supervisor. Copies of these signed forms must be retained by the direct supervisor for 24 months and may be requested by library administration or the Human Resources Office.**