

Employee Request for Accrued Leave Usage During Probation

Personal Information

First Name

Last Name

Position Title

Department

Supervisor's Name

E-Number

Probation End Date

Hire Date

Summary of Employee's Request

Dates of Leave

Total Hours Requested

Reason for Leave

Employee Signature

Supervisor Signature

Please print, sign, and return the completed form to the Benefits Office - Old Main Room 2031.

Human Resources Use Only:

Accrued Leave Balance _____ as of _____
Date

Request Approved _____ Request Denied _____

Comments:

Director of Human Resources

Date