

LIS²
Library Information Services/
Learning Instruction Services Leave Request

Employee: _____ Department: _____

Date of Request: _____ Date(s) of Absence: _____

Please circle Sun. Mon. Tues. Wed. Th. Fri. Sat.

Absence Classification: (Please circle one)

Vacation Professional Sick Other - Please Explain Below:

Explain backup or coverage arrangements and how your leave will or will not affect other co-workers or LIS clients below:

Approvals

Supervisor: (Please circle one) Approved Disapproved

Supervisor Signature: _____ Date: _____

Director or Dean: (Please circle one) Approved Disapproved

Authorized Signature: _____ Date: _____

Comments: _____
