



## Electrical Engineering Department

### STAFF VACATION/LEAVE OF ABSENCE REQUEST FOR APPROVAL FORM

Employee: \_\_\_\_\_ Direct Supervisor: \_\_\_\_\_

I request \_\_\_\_\_ days and \_\_\_\_\_ total hours time-off for the following date(s):

Hours taken should be charged as follows:

- |                                      |             |           |
|--------------------------------------|-------------|-----------|
| <input type="checkbox"/> Vacation    | From: _____ | To: _____ |
| <input type="checkbox"/> Sick Leave  | From: _____ | To: _____ |
| <input type="checkbox"/> Bereavement | From: _____ | To: _____ |
| <input type="checkbox"/> Jury Duty   | From: _____ | To: _____ |
| <input type="checkbox"/> Other       | From: _____ | To: _____ |

Comments or Remarks: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- Requests for leave are not approved without the direct supervisor's signature on this form or an e-mail approval from the direct supervisor.
- Employees must request leaves in advance, except for emergencies. Leaves for more than five consecutive business days require at least a week's notice, if possible.
- In case of illness, employees must call and inform the direct supervisor or the Staff Personnel Officer before the start of their shift or as soon as possible. Employees whose sick leave exceeds three days may be required to submit a doctor's certificate upon their return to work.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**Approval**

\_\_\_\_\_  
Supervisor signature      Date      \_\_\_\_\_  
Human Resources Signature      Date