

APPLICATION FOR LEAVE OF ABSENCE

Employee's Name: _____

I hereby apply for leave of absence from _____
Month Day Year Hour

to _____ Totaling (work days or hours) _____
Month Day Year Hour

The nature of the leave is indicated by a check in the appropriate block below.

- Annual Leave
- Sick Leave
- Family and Personal Leave
- Compensatory Leave
- Family Sick Leave
- Other (Administrative, Military, LWOP) Provide an explanation below or attach a letter

Employee Signature Date

Supervisor's Signature Date

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PR2 (Rev 12/13/05) RADFORD UNIVERSITY

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