

Application for Vacation or Sick Leave

Year

Name:

I request that I be granted ☐ Sick ☐ Vacation leave beginning Time: A.M. or P.M. Date:

through Time: A.M. or P.M. Date: Totaling Day(s) Hours

Remarks or
Explanation:

Should this request be for sick leave, I hereby certify that I was qualified to take sick leave in accordance with Campbell University's policy for sick leave and unable to tend to my official duties during the period for which application for sick leave is made above:

Approving Signature:

Employee's Signature:

Date:

Leave Posted By:

Types of Leave:

Annual Leave
Sick Leave
Civil Leave

INSTRUCTIONS - This form shall be forwarded to the Payroll Office in advance of taking leave. In circumstances where this is not possible, it shall be the responsibility of the supervisor to notify the Payroll Office by telephone if the employee does not have sufficient annual or sick leave to cover the absence. The form is to be completed and forwarded immediately after the employee returns to work. (ORIGINAL COPY) Goes to: Payroll Office. (COPY) is kept by employee.