

(DEPARTMENT NAME)
Westfield State University

LEAVE REQUEST FORM

NAME: _____ DATE: _____

I request paid leave (vacation, personal, compensatory time) for the following dates. It is understood that I will submit a weekly attendance record for the period indicated below using specific leave codes (other than sick leave) at the appropriate time. Additionally, it is my responsibility to make sure I have the appropriate leave balances available.

FIRST WEEK	PLEASE LIST ACTUAL DATE(S) REQUESTED				
	Monday	Tuesday	Wednesday	Thursday	Friday
SECOND WEEK					

Employee Signature

Date

IMMEDIATE SUPERVISOR'S RECOMMENDATION	
<input type="checkbox"/> Recommend Approval	
<input type="checkbox"/> Recommend Date Changes	New Date(s):
<input type="checkbox"/> Recommend Denial	
_____ Supervisor's Signature	_____ Date

- Approved
- Denied

Supervisor's Signature

Date