

# COPPIN STATE UNIVERSITY

## EMPLOYEE LEAVE REQUEST FORM

TO: \_\_\_\_\_

FROM: \_\_\_\_\_

DATE: \_\_\_\_\_

I hereby request that I be granted the following leave:

| Date Leave Requested | Type of Leave Requested | Number of Hours | Supervisor's Initials | Approved (A)<br>Disapproved (D) |
|----------------------|-------------------------|-----------------|-----------------------|---------------------------------|
|                      |                         |                 |                       |                                 |
|                      |                         |                 |                       |                                 |
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|                      |                         |                 |                       |                                 |
|                      |                         |                 |                       |                                 |
|                      |                         |                 |                       |                                 |

COMMENTS:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Doctor's certificate received?     Yes                       No                       N/A

The above requested leave time is available. Verified By: \_\_\_\_\_  
Timekeeper

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Supervisor's Signature