

FAYETTEVILLE STATE UNIVERSITY
REQUEST FOR CAMPUS LEAVE FORM

Today's Date

Employee's Name

Banner ID

Department/Unit

Supervisor's Name

Chair/Dept. Head

I request official permission to be absent from campus during the dates/times listed below:

Beginning Date

Beginning Time

Ending Date

Ending Time

Reason for Absence

Total Hours Absent

Enter the amount of hours for the appropriate type of leave requested below:

Vacation Leave

Bonus Leave

Sick Leave

Leave Without Pay

Civil Leave

| | |
|-----------------------|----------------------|
| SPA Only: | |
| Comp Leave (Overtime) | <input type="text"/> |
| Comp Leave (On-Call) | <input type="text"/> |
| Comp Leave (Holiday) | <input type="text"/> |

Official Business Explain

Other Explain

Approval of vacation leave is at the sole discretion of the supervisor or the department head based on the operational needs of the department.

Holiday compensatory time, overtime compensatory time, or on-call compensatory time shall be taken before vacation leave.

For complete details on leave policies, visit www.unctsu.edu/humres/leavestatus or contact (910) 672-1823.

Employee's Signature Date

Supervisor's Signature Date

Chair/Dept. Head's Signature Date

HR Official's Signature Date

ALL OFFICIAL BUSINESS LEAVE FORMS MUST BE SUBMITTED TO THE OFFICE OF HUMAN RESOURCES