



FAYETTEVILLE STATE UNIVERSITY

REQUEST FOR CAMPUS LEAVE FORM

Today's Date

(mm/dd/yyyy)

Employee's Name

Banner ID

Department/Unit

Supervisor's Name

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

Hours:

Hours:

Hours:

Total Hours

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 the Leave Administration page on the HR website or call (910) 672-1823.

Employee Signature:

Supervisor/Manager Signature: