

# UPC Staff Leave Request/Report

Name \_\_\_\_\_ Today's Date \_\_\_\_\_

Vacation Request       Sick Leave       Study Leave

Unpaid Leave       Other \_\_\_\_\_

First Day Off \_\_\_\_\_

Returning to Work \_\_\_\_\_

Total Hours Off \_\_\_\_\_

Supervisor OK \_\_\_\_\_ Date \_\_\_\_\_

Admin OK \_\_\_\_\_ Date \_\_\_\_\_

Recorded \_\_\_\_\_ Date \_\_\_\_\_

Comments/Explanation:

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