



ROBINSON CENTER FOR YOUNG SCHOLARS

UNIVERSITY of WASHINGTON

Today's Date: _____

I, _____, request leave for the following day(s):

Date: _____ Time: _____ to _____ Number of hours: _____

Date: _____ Time: _____ to _____ Number of hours: _____

Date: _____ Time: _____ to _____ Number of hours: _____

Employee's total hours of leave accrual as of request date: Annual: _____ Sick: _____ Other (specify): _____

This leave will be counted as: Annual Leave (Total number of hours ___) Sick Leave (Total number of hours ___) Personal Holiday (Total number of hours ___) Accrued Comp Time (Total number of hours ___) Holiday Comp Time (Total number of hours ___) *Other Leave (Total number of hours ___)

*For OTHER Leave, specify type: jury duty, bereavement, discretionary, military, etc.

Leave Without Pay (Total number of hours ___)

Supervisors are required to report approved Leave Without Pay Requests to the Payroll Coordinator immediately for timely OWLS entry. Send an email to kctlee@uw.edu with leave without pay dates and submit completed Leave Request form as soon as authorized.

Employee's signature: _____ Date: _____

Supervisor's signature: _____ Date: _____

Director's signature: _____ Date: _____