

ACADEMIC/ADMINISTRATIVE PERSONNEL REQUEST FOR LEAVE WITH PAY

SUBMIT ALL COPIES TO YOUR IMMEDIATE SUPERVISOR (CHAIR, DIRECTOR, DEAN, OR VP)

Leave must be requested in no less than half-day units.

White Copy: Provost Office
 Canary Copy: Dean
 Pink Copy: Supervisor/Chairperson
 Goldenrod Copy: Employee

Employee's Name		WILI ID# / SS#		Beginning Date	Hour	Ending Date	Hour
SICK LEAVE			VACATION/ANNUAL LEAVE (Administrative Personnel or 12-Month Faculty)	LEAVE WITH PAY**	BEREAVEMENT LEAVE		
Employee	Parent, Spouse, Domestic Partner, Child	Personal Leave*					
No. of Days	No. of Days	No. of Days	No. of Days	No. of Days	Relationship	No. of Days	

- Personal leave may only be requested by employees covered by the bargaining unit agreement.
- *Leave with pay: please explain; i.e., kind of meeting, military, court-required service.
 Leave without salary must be requested **In advance on a REQUEST FOR LEAVE OF ABSENCE WITHOUT SALARY** form,

REASON FOR ABSENCE _____

Employee's signature _____ Date _____ Supervisor's signature _____ Date _____

Employee's department and campus phone number _____

WESTERN ILLINOIS UNIVERSITY