



Bowie State University

REQUEST FOR LEAVE

Employee Name _____ Date Requested _____

Department/Office _____ Employee ID # _____

has requested that _____ annual _____ personal _____ compensatory leave be granted for the following:

Day (s)	Date (s)	Number of Hours

My accumulated _____ annual _____ personal _____ compensatory leave balance as of the first day of leave requested is _____ hours.

Employee's Signature

Supervisor's Signature

_____ Approval

_____ Disapproval

Reason for Disapproval _____

Note: Under normal circumstances a request for one day of leave should be made at least one day in advance.

Request for two days leave should be made at least three days in advance.

Request for more than two days leave should be made at least one week prior approval.

Supervisors must respond in a timely manner.

Employees are required to notify their immediate supervisor when an absence is necessary. Such notification should be given within fifteen minutes of the beginning of your shift or fifteen minutes of your intended use of such leave.