

**OHIO WESLEYAN UNIVERSITY  
LIBRARIES AND INFORMATION SERVICES  
CLASSIFIED AND HOURLY SUPPORT STAFF  
REQUEST FOR LEAVE**

TODAY'S DATE: \_\_\_\_\_

NAME: \_\_\_\_\_

DATE(S) OF REQUESTED ABSENCE: \_\_\_\_\_

TOTAL NUMBER OF DAYS/HOURS REQUESTED: \_\_\_\_\_

TYPE OF LEAVE:

VACATION

SICK LEAVE

OPTIONAL HOLIDAY

MISCELLANEOUS

APPROVED \_\_\_\_\_ DATE: \_\_\_\_\_  
Supervisor

APPROVED \_\_\_\_\_ DATE: \_\_\_\_\_  
Director

COMMENTS: