

St. Mary's University Leave Request

Date: _____

Exempt: _____

Non-exempt: _____

Name: _____

Department: _____

Position: _____

ID #: _____

Requesting the following days:

Start date: _____ End date: _____

Total days requested: _____

____ Bereavement leave – relative: _____

____ Civil duty leave

Employee signature _____

Supervisor signature _____

Director of Human Resources' signature _____