

# 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 \_\_\_\_\_