



University Glen Corporation  
 45 Rincon Drive, Suite 104-A  
 Camarillo, California, 93012

805-437-2667 Office  
 805-437-2681 Fax

**REQUEST FOR LEAVE FORM**

EMPLOYEE NAME:

DEPARTMENT:

I am requesting to be absent from work on the following date(s) and time(s) for the following reason(s): <b>REASON</b>	DATE(S)	HOUR(S)	NOTES
Personal (PE)			<b>Cannot be used the day before or day after holiday w/o prior approval</b>
Vacation (V)			
Sick (S)			
Family Illness (F)			
Religious (R)			
Bereavement (B) Immediate Family Member:			<b>Spouse, child, parent, parent of spouse, grandparent, brother, sister, brother-in law or sister-in-law</b>
Jury Duty (J)			<b>Must be accompanied by a copy of court notification</b>
Medical Leave			<b>Must be accompanied by a physician's note</b>
Return from Leave			<b>Must be accompanied by a physician's note</b>

NOTES: \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 Employee's Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Supervisor Signature

\_\_\_\_\_  
 Date

.....  
 Approved with pay \_\_\_\_\_ Approved without pay \_\_\_\_\_ Not Approved \_\_\_\_\_

Reason: \_\_\_\_\_