



Richard W. Riley College of Education
 Winthrop University
 106 Withers Building
 Rock Hill, SC 29733

REQUEST FOR LEAVE

NAME

SOCIAL SECURITY NUMBER

DEPARTMENT

DURATION OF LEAVE:

Month / Day / Year

From: _____ p.m. _____ / _____ / _____
 a.m. _____ / _____ / _____

Through: _____ p.m. _____ / _____ / _____
 a.m. _____ / _____ / _____

Hours: _____ Minutes: _____

Type of Leave Requested (Check one):

- Annual Leave
- Sick Leave with pay — employee
- Sick Leave with pay — family

Other:

- Jury Duty
- Funeral Leave
 Relationship: _____
- Personal Leave without pay
- Sick Leave without pay

Signature **Date**

Approval **Date**

*****Please submit to Department Chair/Director**