

**Winthrop University**  
**College of Visual & Performing Arts**

**Staff & Chairs: Advance Request for Annual Leave**

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Department: \_\_\_\_\_

Date(s) Requested: \_\_\_\_\_

If longer than 2 days, are there duties needing to be covered? If yes, by whom?

\_\_\_\_\_  
Supervisor  
*(electronic signature okay)*

\_\_\_\_\_  
Date

Please email a copy of this form to Jamilyn Larsen ([larsenj@winthrop.edu](mailto:larsenj@winthrop.edu)).