

Humboldt State University  
Division of Enrollment Management

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

To: Vice President or Manager:

Name: \_\_\_\_\_ Dept: \_\_\_\_\_

Re: Request for Leave by an EM  Administrator or  Staff

Dates of Leave:

From \_\_\_\_\_ through \_\_\_\_\_ totaling \_\_\_\_\_ days

During my absence, \_\_\_\_\_ will be in charge of my department, programs and/or duties.

This application is hereby made for a paid leave of absence in accordance with the applicable Management Personnel Plan or Collective Bargaining Agreement.

Name of Employee: \_\_\_\_\_

Type of Leave:

- Vacation
- Personal Holiday
- Sick Leave (check type below)
  - Injury (work-related)
  - Illness - immediate family
  - Bereavement
- Other

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

- 
- Approved
  - Disapproved

\_\_\_\_\_  
Signature of the VP or Manager

\_\_\_\_\_  
Date

C: Requesting Employee  
Appropriate Administrator or Manager  
EM Leave Calendar (for request by a Director, Manager, VPEM staff)