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: ______________________________________

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☐ 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)

rev. 1/2020