

## PERSONAL LEAVE REQUEST FORM

Employee Name:	Dat	ce:			
ob Title:		Department:			
WIN:	N: Leave Begin			& End Dates:	
Reason for Leave:					
have read and understa	nd the Wilkes University Unpa	id Personal Leave no	olicy and agree t	to abide hy	
its terms.	ind the wintes offiversity offpa	iid i ei soiiai Leave pi	oncy and agree	to ablue by	
Employee Signature		Date			
Employee dignature		Date			
Once the form is c	omplete please print, sign and	l return to your dired	t supervisor for	review.	
SUPERVISOR AN	D HUMAN RESOURCES	PURPOSES ONLY	BELOW THI	S LINE	
	D 1 11 D 1 10	1			
	Probationary Period Comp	oleted? Yes	No		
	Personal Leave Approved?	? Yes	No		
Supervisor Signature			 Date		
Super visor	- Signature		_ ~~~		
Next Level Supervisor Signature			Date		
Next Level Supe	ervisor Signature		Date		
Next Level Supe	ervisor Signature		Date		