

Dongguk University Los Angeles (DULA) Leave Request Form

Employee Name		Department	
Supervisor Name		Department	
Sick Leave _____	Vacation Leave _____	Unpaid Leave _____	Other Leave _____
Period of Absence (8 Hours/Day)	From / /	To / /	Total Days of Leave: _____
	From / /	To / /	
	From / /	To / /	Total Hours of Leave: _____
Purpose of Leave			
<p><i>(1) Other than sick leave, please seek approval at least 3 days prior to your first day of absence.</i></p> <p><i>(2) Sick leave can be used by notifying one of the staff in advance or on the day of illness, but leave request form should be submitted with supervisor's signature upon return from sick leave: (Distribution: Original/signed form to Accounting; 1 copy – Employee File (HR); and 1 copy for your own record.</i></p>			
_____ Employee's Signature	Date	<p>1. Please keep a copy of leave slip for you.</p> <p>2. Distribution: 1 - Accounting 1 - Employee File (HR) 1 - Employee</p>	
_____ Supervisor's Signature	Date	Approved by the Chair of EC/HR Committee	