



## Division of Student Affairs

901 S. National Ave.  
Springfield, MO 65897

### Leave Form

**Employee Name:**

**Department:**

**Reason for Requested Leave:**

Vacation

Sick

Bereavement

Personal Leave

Unpaid Leave

Other

**Days/Hours Requested:**

**Leave From:**

**To:**

**Employee's Signature:**

**Date:**

**Manager/Supervisor Approval:**

Approved       Rejected

**Signature:** \_\_\_\_\_

**Comments:**