

**EASTERN KENTUCKY UNIVERSITY  
SICK/VACATION REQUEST  
(Faculty and Professional Staff Form)**

Printed Name (Last, First)

EKU ID#

Campus Phone

Requesting: S-Sick  V-Vacation  BRV-Bereavement  FLH-Floating Holiday   
W-Wellness Holiday  FML-FMLA

Leave Code	FROM: ex. 1/09/00	TIME: ex. 8:00 AM	TO: ex. 1/14/00	TIME: ex. 4:30 PM	TOTAL: ex. 37.50 Hours
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Total Sick Requested:

Total Vacation Requested:

Total Bereavement Requested:

Total Floating Holiday Requested:

**IMPORTANT: Leave request forms must be turned into Human Resources as near to the date taken and preferable within the pay period that they occurred.**

Employee Signature

Date Signed

Supervisor Signature

Date Signed

Dean (If required)

Date Signed

Vice President (If required)

Date Signed

*Return completed form to Human Resources, Coates Box 24A*

System Processed Date	HR Employee Initials/Date	Comments
<input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>