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

<table>
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<tr>
<th>Leave Code</th>
<th>FROM:</th>
<th>TIME:</th>
<th>TO:</th>
<th>TIME:</th>
<th>TOTAL:</th>
<th>ex. 37.50 Hours</th>
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**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*