



**ILLINOIS STATE
UNIVERSITY**
Illinois' first public university

Date of Request:

Employee Name:

Date(s) of Absence:

(If you are requesting time for only one day/shift, begin and end date will be the same date)

Time of Absence:

(If you are requesting a partial day off, please indicate the time away from the office)

Leave Type Requested:

Supervisor Name:

_____ Approved

_____ Denied

_____ Date