

Physics Staff Leave Request

Fill in electronically, print, sign and deliver to Head's Office

Employee Name

Period of Leave

Number of Hours

Number of Days

Type of Leave

Check one or more

If more than one is checked to the left, please provide clarification below

Overtime

Flextime

Vacation

Employee Signature

Date

Supervisor Signature

Date

Department Head Approval

Date

Memorial University protects your privacy and maintains the confidentiality of your personal information. The information collected on this form is collected under the Memorial University Act (RNSL 1990 Chapter M-7) and is required to process your request for leave, absence, and/or vacation and for administrative purposes. If you have any questions concerning the collection and use of this personal information please contact the Administrative Officer, Department of Physics and Physical Oceanography at (709) 864-8737.