203 Eller Hall, Winston-Salem NC 27110
Phone 336-750-2830 Fax 336-750-2838

WSSU

LEAVE REQUEST FORM

DEPARTMENT OF HUMAN RESOURCES

I request that I be granted the following leave (List Sick, Annual or Comp Time) Hours _____

First Name_____Middle Initial_____Last Name_____Banner ID: _____

Employee Title _____ Department _____

Classification ☐ EHRA ☐ SHRA Email _____

Work Phone Number _____ Home Phone Number _____

Leave to Begin _____ Leave to End _____

I certify that I was sick and unable to attend my official duties during the period for sick leave as made above, or there was a death in my immediate family.

Signature _____ Date _____

SECTION B: DEPARTMENTAL ACKNOWLEDGEMENT

Department Contact / Supervisor _____ Email _____

Phone Number _____ Fax Number _____

Employee's Last Date Worked _

Signature _____ Date _____

Submit the completed form to the Department of Human Resources – Leave Administration Unit