



PERSONAL LEAVE REQUEST FORM

Employee Name:	Date:
Job Title:	Department:
WIN:	Leave Begin & End Dates:

Reason for Leave:

I have read and understand the Wilkes University Unpaid Personal Leave policy and agree to abide by its terms.

Employee Signature

Date

Once the form is complete please print, sign and return to your direct supervisor for review.

----- SUPERVISOR AND HUMAN RESOURCES PURPOSES ONLY BELOW THIS LINE -----

Probationary Period Completed? Yes No
Personal Leave Approved? Yes No

Supervisor Signature

Date

Next Level Supervisor Signature

Date

Human Resources Signature

Date