



## Bridgewater State University Employee Leave Request Form

<b>Name of Employee:</b>	<b>Date:</b>
<b>Work Location:</b>	<b>Scheduled Tour of Duty (classified only):</b>

*I hereby request approval of the following leave:*

<b>Personal Leave:</b> May be taken in as small as ¼ hour segments.	
<i>Number of Hours Requesting</i>	<i>Day(s), Date(s), and Time(s)</i>
<b>Vacation Leave:</b> May be taken in as small as ¼ hour segments.	
<i>Number of Hours Requesting</i>	<i>Day(s), Date(s), and Time(s)</i>
<b>Holiday Leave:</b> Due for working on a legal Holiday/Suffolk County Holiday. Must be used within 120 calendar days from date of Holiday. (60 days for Librarians)	
<i>Date of Holiday Worked</i>	<i>Day and Date Requested in Lieu of Holiday</i>
<b>Compensatory Leave:</b> May be taken in as small as ¼ hour segments. (Classified Only)	
<i>Number of Hours Requesting</i>	<i>Day(s), Date(s), and Time(s)</i>

<b>Required Signatures</b>	<b>Date</b>
<i>Employee:</i>	
<i>Immediate Supervisor:</i>	
<i>Director/Department Head:</i>	

*This request must be submitted to your supervisor twenty-four (24) hours in advance and forwarded to your department's attendance recorder with all required signatures in place.*