

# SOUTHERN UTAH UNIVERSITY

## Time Off Request and Report Form

Before completing this form read the policy relating to vacation and other time off for all personnel under contract,

\_\_\_\_\_  
Date

Request For or Report of Time Off For:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Department

\_\_\_\_\_  
Rank or Position

Period Covered by Request or Report:

Number of Working Days \_\_\_\_\_ or working hours \_\_\_\_\_

Beginning and \_\_\_\_\_ ending \_\_\_\_\_  
Date/Time Date/Time

Request or Report for the following reason (check one):

Annual Leave (Vacation)

Sick Leave

Military Leave

Funeral Leave

Jury or Court Leave

Other Explanation: \_\_\_\_\_

Approved:

\_\_\_\_\_  
Signature & Position

\_\_\_\_\_  
Date