



EMPLOYEE LEAVE BANK WITHDRAWAL REQUEST

NAME:	EMPLOYEE ID/SSN:
DEPARTMENT:	WORK PHONE:
Reason for Request (please attach supporting documentation):	

Requesting Employee Signature:

Approval Section:	Date
Supervisor	
Department Head	
Dean	
Vice President	
Please send form to Human Resources after signatures are obtained	

Committee Determination:
Approved: Yes No
Number of Hours Approved: