



# Goldman School of Dental Medicine

## Request for Faculty Vacation Leave

Name: \_\_\_\_\_ UID: \_\_\_\_\_

Department: \_\_\_\_\_ Rank: \_\_\_\_\_

Dates requested: \_\_\_\_\_

Number of actual working days away from School: \_\_\_\_\_

- I have accrued sufficient vacation time to support this as a paid absence.
- I do not have adequate accrued vacation time available to support this as a fully paid absence and understand that all or a portion of this time away may be unpaid.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
*Employee*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
*Supervisor*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
*Department Administrator (accrual tracking)*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
*Department Chair*

### Department use only

**% effort:** \_\_\_\_\_ **No. days in** \_\_\_\_\_ **Rate of accrual:** \_\_\_\_\_

**Accrued vacation days available** \_\_\_\_\_

**Number of days requested that will be:** **Paid:** \_\_\_\_\_ **Unpaid:** \_\_\_\_\_

**Vacation days remaining to employee upon return:** \_\_\_\_\_

**Additional Information:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_