

**OPTOMETRY LEAVE REQUEST FORM**

**STAFF**

Vacation, Personal Leave, Professional Leave, Comp Time

Name:

Date:

Requested Dates:

*PURPOSE OF LEAVE:*

*EMERGENCY PHONE NUMBER:*

Vacation

Personal Leave  
(Sick leave, Bereavement, Personal Business)

Comp Time  
(Staff Only)

***Professional Leave***

Dates Requested:

Converence/Meeting Name:

Place/Location of Meeting:

Your Purpose for Attending:

Approximate Cost to NSU:

---

**PLEASE DETAIL ARRANGEMENTS MADE FOR COVERAGE**

STAFF RESPONSIBILITIES CLEARED:

Immediate Supervisor

Date

MANAGER APPROVAL:

Manager

Date