

Employee Leave Request

University Libraries, University of Memphis

Name: _____ Date: _____

Type of Leave	Date	Hours	Time In	Time Out
Annual				
Annual				
Annual				
Sick				
Sick				
Sick				
Professional*				
Leave w/o pay				
Other				

*Name of Professional Conference/Activity:

If Coordinator/Dept. Head, person in charge during absence:

Approved: _____

Supervisor/Coord./Dept. Head/Executive Director

0.1 hour = 01 – 06 minutes
 0.2 hour = 07 – 12 minutes
 0.3 hour = 13 – 18 minutes
 0.4 hour = 19 – 24 minutes
 0.5 hour = 25 – 30 minutes
 0.6 hour = 31 – 36 minutes
 0.7 hour = 37 – 42 minutes
 0.8 hour = 43 – 48 minutes
 0.9 hour = 49 – 54 minutes
 1.0 hour = 55 – 60 minutes

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