

# MSU Photocopying Services Employee Leave Request Form

**Name :** \_\_\_\_\_ **Date :** \_\_\_\_\_

**Employee # :** \_\_\_\_\_

## LEAVE REQUESTED

Day / Date of Leave : \_\_\_\_\_

Day Date

	Time(s)	Location(s)
Hour(s) to be Filled :	_____ - _____	_____
	_____ - _____	_____
	_____ - _____	_____
	_____ - _____	_____
	_____ - _____	_____

Reason for Leave Request : \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Parties Contacted to Substitute : \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Parties Agreeing to Substitute :

Person	Time(s)	Location(s)
_____	_____ - _____	_____
_____	_____ - _____	_____
_____	_____ - _____	_____
_____	_____ - _____	_____

**NOTE : A Coordinator MUST be notified immediately if you can not find replacements for all of your hours of requested leave.**

*Employee must submit Leave Form at least five working days before the requested leave date or request may be denied.*

**Requests are not valid until a Copy Shoppe Coordinator has signed and approved.**

**EMPLOYEE'S SIGNATURE** \_\_\_\_\_

**COORDINATOR'S SIGNATURE** \_\_\_\_\_

White - Employee Copy    Yellow - Photocopy Office Copy