

Northeastern Illinois University

5500 North St. Louis Avenue
Chicago, Illinois 60625-4699

Leave Request/Approval Form

Teaching Professionals, Resource Professionals and Instructors

Teaching Professional

Resource Professional

Instructor

Name: *(print)* _____

ID Number: _____

Department: _____

Date: _____

Signature: _____

Requesting Vacation Leave *(Resource Professional Only)*

From: _____

Through: _____

Total Days: _____

Reporting Sick Leave

From: _____

Through: _____

Total Days: _____

Sick Leave Type

Self

Family

Parental

Reporting Funeral Leave

From: _____

Through: _____

Total Days: _____

Reporting Leave for Court Required Service

From: _____

Through: _____

Total Days: _____

Reporting Military Leave

From: _____

Through: _____

Total Days: _____

Signature

Date

Note: Minimum increment for all leave usage is 1/2 Day.
PLEASE SUBMIT FORM AS PROMPTLY AS POSSIBLE.

DISTRIBUTION: PAYROLL

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