



ALABAMA STATE UNIVERSITY

REQUEST FOR PERSONAL LEAVE

In accordance with paragraph 3.17.6 of the Faculty Handbook

NAME _____ SS# _____
(LAST, FIRST MI)

DEPARTMENT _____

PERIOD REQUESTED _____ THROUGH _____

NUMBER OF PERSONAL DAYS
TAKEN THIS ACADEMIC YEAR _____

Personal Leave is granted only for the period requested. Leave request may not be for less than one half day or more than the balance accrued the current academic year.

Signature of Faculty Member

Date

APPROVED:

Departmental Chairperson

College/School Dean

Vice-President for Academic Affairs

Director of Personnel Services