THE UNIVERSITY OF TEXAS OF THE PERMIAN BASIN
APPLICATION FOR VACATION AND REPORT OF LEAVE

Name: _____ Dept. _____
Last First

VACATION
Request Vacation From: _____ Thru: _____
Total Days to be Taken: _____

SICK LEAVE
I was not available for work on the following date(s): _____
Total Time Taken: Day(s): _____ Hour(s): _____

OTHER
Specify Nature of Leave: _____
Date(s): _____ Total Days Taken: _____

_____ _____
Signature of Applicant Date Approved By

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