



Cleveland State University
McNair Scholars Program

VACATION/SICK LEAVE REQUEST FORM

Name: _____

Date: _____

Vacation (should be requested
at least one (1) week in advance)

Date/s: _____

Day/s: _____

Hours: from _____ to _____

Total hours _____

Sick time

Date/s: _____

Day/s: _____

Hours: from _____ to _____

Total hours _____

Approved: _____

Approved by: _____

Date: _____

Comments/Revisions: