

**UNIVERSITY OF ILLINOIS LIBRARY
GRADUATE ASSISTANT
VACATION/SICK LEAVE AUTHORIZATION FORM**

Date: _____

Employee Name: (Print) _____ Appointment (%): _____

Department Name: _____ Title: _____

Requested Vacation Leave

Sick Leave

<u>Month/Day</u>	<u>Number of Days</u>	<u>Hours</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
Total	_____	_____

<u>Month/Day</u>	<u>Number of Days</u>	<u>Hours</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
Total	_____	_____

Floating Holiday:

Submitted by: _____ Phone: _____
(Employee's signature)

Approved by: _____ Phone: _____
(Supervisor's signature)

Notes: Please submit to Human Resources Office, 127 Library, MC - 522. Please make a copy for your files.