

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

Employee Name: (Print) \_\_\_\_\_

Title: \_\_\_\_\_ Department Name: \_\_\_\_\_

Date : \_\_\_\_\_ Appointment (%): \_\_\_\_\_

Requested Vacation Leave

Sick Leave

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

Floating Holiday:

\_\_\_\_\_

Submitted by: \_\_\_\_\_ Phone: \_\_\_\_\_  
(Employee's signature)

Approved by: \_\_\_\_\_ Phone: \_\_\_\_\_  
(Supervisor's signature)

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