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# Leave Request Form

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Employee Name \_\_\_\_\_ myWSU ID: \_\_\_\_\_

Estimated first day of leave: \_\_\_\_\_

Estimated end date: \_\_\_\_\_

Briefly explain leave request:

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I certify that the information contained on this form is true and correct to the best of my knowledge. I authorize Wichita State University to obtain and verify any necessary information regarding my request. I understand that providing false information may result in coaching and corrective action up to, and including, separation of employment.

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