



Associated Students Central Office
 California State University, Northridge
 18111 Nordhoff Street, USU 100
 Northridge, CA 91330-8260 Phone (818) 677-2477 Fax 677-3869

ASSOCIATED STUDENTS,
 CALIFORNIA STATE UNIVERSITY, NORTHRIDGE

REQUEST FOR LEAVE

This form should be completed and approved of in advance, when possible

Employee Name:

Program/Service Area:

I hereby request to be absent from Associated Students, the following dates/times:

Dates:										
Number Of Hours:										
Charge To:										

For Example: Vacation(V), *Personal Holiday(PH), Leave Without Pay(L), Sick Leave(S), Other(O) (Telecommuting; Business Travel)

**Employee Signature:	Date:
Supervisor's Signature:	Date:
A.S. General Manager (where applicable):	Date:

*Personal Holiday must be used before December 31st of the current year; otherwise it will be deleted.

**Signature approval by Employee, Supervisor, and General Manager can be accomplished via emailing attached document with name and date typed-in.