

EASTERN MICHIGAN UNIVERSITY,

REQUEST TO USE ANNUAL LEAVE BEFORE COMPLETION OF ONE YEAR OF SERVICE

*** NOTE — NO ANNUAL TIME TO BE USED BEFORE COMPLETION OF 90 DAYS PROBATION ***

Date of Employment _____

Employee's Name _____ S.S.# _____

Position _____ Department _____

Classification _____ Account # _____

Number of Days Requested _____ From _____ Through _____
Month | Date Month | Date

I **understand** that if I DO NOT complete one full year of **service with** Eastern Michigan **University**, this **annual leave** time **will** be deducted from my **final paycheck**.

Date _____ Employee's Signature _____

Approved by Department Head _____ Date _____

Approved by Payroll Supervisor _____ Date _____

Accrued Leave Hours _____

Please return this completed form to the **Payroll Office** for verification prior to taking annual leave.

WHITE-Payroll
YELLOW-Department
PINK—Employee
Form P-24 8/90