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Graduate Students' Association

STAFF DAY OFF REQUEST FORM

NAME: _____ DATE: _____

DATE (s) REQUESTED OFF:

FROM
 MONTH: _____ DATE: _____ DAY: _____
 TO
 MONTH: _____ DATE: _____ DAY: _____

DATE YOU WILL RETURN TO WORK: _____

REASON FOR REQUEST:

REQUEST GIVEN TO: _____ DATE: _____

OFFICE USE ONLY

APPROVED _____ NOT APPROVED _____

APPROVED/DISAPPROVED BY: _____ DATE: _____

COMMENTS:

