



Temple University

Office of the Vice President
for Research

Alternative/Modification Leave Request Form

Name: _____

Date of Request: _____

Removal of Previously Approved Vacation Leave:

Start Date: _____

End Date: _____

Total Days: _____

Total Hours: _____

Additional Vacation Leave:

Start Date: _____

End Date: _____

Total Days: _____

Total Hours: _____

Personal Leave:

Start Date: _____

End Date: _____

Total Days: _____

Total Hours: _____

Sick Leave or Other (Please indicate: _____):

Start Date: _____

End Date: _____

Total Days: _____

Total Hours: _____

Comments/Explanation:

Supervisor Approval* Yes No

*Supervisors will submit any approved requests to Bill Winston for review and final notification of approval.

as of 5/3/2021