



# 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 Kimberly Reinagel for review and final notification of approval.

as of 7/19/2021