







Leave Request Form

3 F W J T F E

Employee Name _____ myWSU ID: _____

Estimated first day of leave: _____

Estimated end date: _____

Briefly explain leave request:

I certify that the information contained on this form is true and correct to the best of my knowledge. I authorize Wichita State University to obtain and verify any necessary information regarding my request. I understand that providing false information may result in coaching and corrective action up to, and including, separation of employment.
