

# PSR GRADUATE ASSISTANT REQUEST FOR LEAVE FORM

Date \_\_\_\_\_  
 To A. Michael Wylie  
 From \_\_\_\_\_

PSR Routing	
<input type="checkbox"/>	GRA Supervisor
<input type="checkbox"/>	Kim Meyer
<input type="checkbox"/>	Ronnica Lee
<input type="checkbox"/>	A. Michael Wylie
<input type="checkbox"/>	Jennifer Miyasaki

Reason for Leave (please check and fill out appropriate section)

**Vacation** I would like to request the following dates off / ( include total hours) for vacation:  
 \_\_\_\_\_

Supervisors to fill out	
We, _____ & _____ approve of the above vacation leave.	
Signature _____	Date _____
Signature _____	Date _____
Kim Meyer, Ph.D. <i>Director of Clinical Psychology</i>	

**Sick Leave** I would like to inform you that I was sick on the following date(s). Include total hours missed.  
 \_\_\_\_\_

**If checking Vacation OR Sick Leave, please also fill out the following section:**

During this leave ( please check one)

I am collecting overload and will make up \_\_\_\_\_ hours during the time period of:  
 \_\_\_\_\_

I am not on overload

**Professional Sponsored Activity** \_\_\_\_\_

Activity Title

\_\_\_\_\_ Date and total hours missed

Benefits for attending: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I approve of the above request for leave

I DO NOT approve of the above request for leave

\_\_\_\_\_  
 A. Michael Wylie, Ph.D.  
*Principal Investigator*

\_\_\_\_\_ Date

cc: J. Miyasaki, SRE Facilitator  
 R. Lee, Integration Services Associate