

**THIS FORM MUST BE APPROVED BY PROF. RAGAUSKAS
ONE (1) WEEK PRIOR TO DATES REQUESTED.**

*Vacation and Sick Leave Approval Form
School of Chemistry & Biochemistry
Georgia Institute of Technology
Atlanta, Georgia 30332-0400*

VACATION

Number of Days Requested: _____

Dates Requested: _____

Today's Date: _____

SICK LEAVE

Number of Days Taken: _____

Date(s) Taken: _____

Today's Date: _____

Date Next Report is Due: _____

I AGREE TO SUBMIT THIS REPORT PRIOR TO LEAVING IF IT IS DUE
DURING MY REQUESTED TIME OFF.

Printed Name: _____

Signature: _____

Approved by Arthur J. Ragauskas: _____

Signature and Date