



UNIVERSITY OF DETROIT MERCY
REQUEST FOR MISSION/COMMUNITY SERVICE LEAVE

Please provide the following information:

Employee's Name: _____ Phone Number: _____

Department: _____

Event or Activity:

Dates of Absence (total number of days/hours): _____

Employee Signature: _____ Date: _____

Departmental Approval:

Chair/Supervisor Name:

Signature: _____ Date: _____

Signature of Dean (faculty only): _____ Date: _____

To be completed by the Office of Human Resources:

After consultation with the Office of Mission and Identity the following determination has been made:

Employee **is** **is not** eligible for Mission/Community-Service Leave

Associate Vice President for Human Resources

Signature: _____ Date: _____

HR will provide a copy of this form to the chair/supervisor and the requesting employee once the approval determination has been made.