The University of South Bohemia in České Budějovice Constituent part: Faculty of Science

Leave Request Form

Employee Name and Surname					
Employee Number/Department					
Calendar Year of the Leave					
Leave Request Start Date – End Date		No. of Hours	No. of Shifts*		
Return to Work Date					
Replaced By (Substitute employee)					
Employee					
Date:	Signature:				
Superior					
Date:	Signature:				
* Should the employee be requesting a different duration of leave than 1 shift or 0.5 shift, the section entitled 'No. of Shifts' is left blank (the section entitled 'No. of Hours' is completed).					

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