

REQUEST FOR LEAVE/REPORT OF ABSENCE

| NAME: | | COLLEAGUE ID: (REQUIRED) | |
|---|----------|---------------------------------|--|
| DEPT: | | DATE: | |
| TYPE OF LEAVE | DATE (S) | TOTAL NUMBER OF HOURS | |
| Sick Leave | | | |
| Vacation | | | |
| Personal Business | | | |
| Floating Holiday | | | |
| Bereavement Leave (Refer to Bd Policy #4009) Relationship: | | | |
| Jury Duty (Attach copy of Summons) | | | |
| Leave of Absence Without Pay (Refer to Bd Policy #4032, 4033, 4033.1) | | | |
| FMLA Leave | | | |
| Comp Time Leave | | | |
| Other | | | |

By signing this form, I verify that I will be taking or have taken the above leave. I understand that if I leave employment before the end of the fiscal year, I will owe the college for any time used, but not earned.

Employee Signature: _____ Date: _____

Supervisor Approval: _____ Date: _____

After approved signature, make a copy for your supervisor and attach the original to employee's timesheet.