

**Instructions:** Employees must complete this form and submit to the supervisor for approval. Leave should be requested in advance. If leave was not pre-approved, please check the box indicating you have already been absent from the college.

I have been absent from the college (unscheduled leave)

I request permission to be absent from the college

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| From Date | End Date | For a period of: | Check this box if leave is FMLA | Leave Type: | **(For Office Use Only)**  Type of Accrual Charged: | **(For Office Use Only)**  Approved or Disapproved |
|  |  | \_\_\_\_\_ days    \_\_\_\_\_ hours |  | Vacation  Illness  Personal  LWOP  Family Illness  Other\_\_\_\_\_\_\_ | Vacation Sick  DRL Comp Time  Personal Family Sick  Accrued Holiday | Approved  Disapproved |
|  |  | \_\_\_\_\_ days    \_\_\_\_\_ hours |  | Vacation  Illness  Personal  LWOP  Family Illness  Other\_\_\_\_\_\_\_ | Vacation Sick  DRL Comp Time  Personal Family Sick  Accrued Holiday | Approved  Disapproved |
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|  |  | \_\_\_\_\_ days    \_\_\_\_\_ hours |  | Vacation  Illness  Personal  LWOP  Family Illness  Other\_\_\_\_\_\_\_ | Vacation Sick  DRL Comp Time  Personal Family Sick  Accrued Holiday | Approved  Disapproved |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

Employee Name (Print) Employee Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

Supervisor Name (Print) Supervisor Signature Date

Original copy sent to Human Resources with Time Card

C: Employee