

**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 |
|  |  |  \_\_\_\_\_ [ ] 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 |
|  |  |  \_\_\_\_\_ [ ] 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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Employee Name (Print) Employee Signature Date

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

Supervisor Name (Print) Supervisor Signature Date

Original copy sent to Human Resources with Time Card

C: Employee