KELLOGG
COMMUNITY COLLEGE

Leave Request

Name (please print): _____

Colleague ID Number: _____

Position Classification

- ☐ Administration
- ☐ Faculty
- ☐ Support Staff
- ☐ Maintenance

- *Administrators, Maintenance, and Support Staff must use time in hours*
- *Faculty must list time in days (smallest increment is ¼ day)*

Type *(Please Check)*	**Date(s) of Leave**	**Amount of Time**
Example:	*4/20/04, 8 am – 12 pm*	*4 hours or ½ day*

****NOTE: Time of leave is required if requesting less than a full day**

☐ Vacation Leave		
☐ Sick Leave		
☐ Personal Leave		
☐ Floating Holiday		
☐ Funeral Leave		
Family Relationship		
☐ Other Leave		

EXPLANATION FOR OTHER LEAVE

Signature: _____ Date: _____

Approvals: _____ _____ _____
(Supervisor) (Administrator) (Human Resources)

Date: _____ _____ _____

Rev. 07/08