

Leave Request

Name _____

Colleague ID Number: _____

- Administrators, Maintenance, and Support Staff must use time in hours
- Faculty must list time in days (smallest increment is 1/4 day)

Position Classification

- Administration
- Faculty
- Support Staff
- Maintenance

Type (Please Check)	Date(s) of Leave	Amount of Time
<i>Example:</i>	<u>4/20/04, 8 am – 12 pm</u>	<u>4 hours or 1/2 day</u>
**NOTE: Time of leave is required if requesting less than a full day		
<input type="checkbox"/> Vacation Leave	_____	_____
<input type="checkbox"/> Sick Leave	_____	_____
<input type="checkbox"/> Personal Leave	_____	_____
<i>Faculty & Maintenance only **Faculty Personal Leave also requires the approval of the Vice President of Instruction</i>		
<input type="checkbox"/> Floating Holiday	_____	_____
<input type="checkbox"/> Funeral Leave	_____	_____
<i>Family Relationship</i> _____		
<input type="checkbox"/> Other Leave	_____	_____
EXPLANATION FOR OTHER LEAVE _____		

***Is any of the requested leave FMLA related? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please indicate the related leave with an asterisk.		

Signature: _____ Date: _____

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

Date: _____