



## Employee Leave Request Form

Section I – Employee Information			
Name		Division	Department
Section II – Date(s) Requested Off/Taken Off			
Beginning Date and Time for absence:		Ending Date and Time for absence:	
MM/DD/YYYY	00:00 AM/PM	MM/DD/YYYY	00:00 AM/PM
Section III – Type of Leave of Absence			
Description		No. Days or Hours*	Comments
Annual Leave			
Sick Leave			
Bereavement Leave			
Family and Medical Leave			
Leave Without Pay			
Military Leave			
Judicial Leave			
Official College Business			
Other:			
Section IV – Signatures/Approvals			
Employee Signature		Date	
Supervisor/Manager Signature		Date	

For Management Use Only	
Approved (Mark “Yes”)	Not Approved (Mark “No”)

\*Enter hours in quarter increments, e.g. 30 minutes equal ½ hour.