

NORTHWEST-SHOALS COMMUNITY COLLEGE

Emergency Leave Request

Must be typewritten

Name: _____ Date: _____

Position: _____

Date & Time of Leave: _____

Date & Time of Return: _____

Date & Time of Emergency Occurrence: _____

Nature of Emergency Situation: _____

Rationale for Leave Request: _____

Briefly list (and attach copies of) Documentation or Supporting Evidence of Emergency:

Employee of Signature

Approval: _____
Supervisor President
