

NORTHWEST-SHOALS COMMUNITY COLLEGE

Request For Leave

Name _____ Social Security Number _____

ALL LEAVE MUST BE APPROVED IN ADVANCE EXCEPT FOR SICK AND EMERGENCY LEAVE.

I hereby request the following leave:

	Number of HOURS Missed	Dates
_____ Annual Leave	_____	_____
_____ Sick Leave*	_____	_____
_____ Personal Leave	_____	_____
_____ Military Leave	_____	_____
_____ Compensatory Leave	_____	_____
_____ Emergency Leave	_____	_____
_____ Jury Duty	_____	_____
_____ Administrative Leave**	_____	_____
_____ Unpaid Leave**	_____	_____
TOTAL REQUESTED	_____	Days or Hours (circle one)

*Sick leave must be requested in advance when prior knowledge of appointments or prolonged paid sick leave is a factor, such as paid maternity, scheduled surgery, etc.

You **must specify the reason for administrative or unpaid leave below.

Specific Reason for Request of _____ Leave: _____

I have read and understand the institutional policy as stated in the Personnel Handbook with reference to above requested leave.

Employee Signature _____ Date _____

Supervisor _____ Date _____

Dean/President _____ Date _____