

LEAVE REQUEST FORM FOR EMPLOYEES

Submit to your immediate Supervisor to request or record time off, with the exception of the schedule holidays. Refer to the **Leave of Absence Section** in the Employee Policies and Procedures Manual for more details on the proper use of leave allowances for the time bank and bereavement. If timely submission is not possible, complete and submit the form the first workday after the absence. Attach a copy of the physician's statement, court summons or military orders when required. A copy of this form will be returned after processing. An improperly completed or incomplete form will have to be returned unprocessed.

Name: _____ Social Security # _____ Department: _____

Type of Leave (Time Bank or Bereavement)	# of Hour(s) Requested	Beginning Date	Ending Date

<i>Human Resources Office Use Only</i>
Leave balances as of the first day of the month of _____ _____ hours

***List Reason(s) For Leave:**

EMPLOYEE SIGNATURE: _____ **DATE** _____

APPROVED BY: _____ **DATE** _____
 Department Supervisor Signature

PERSONNEL OFFICE USE ONLY:

- _____ Request has been verified and the leave posted in accordance with the Beulah Grove Campus Human Resources Office procedures.
- _____ Request cannot be processed as submitted.

Remarks:

