

GADSDEN STATE COMMUNITY COLLEGE LEAVE REQUEST FORM

NAME: _____ DATE: _____

TYPE LEAVE REQUESTED: Annual _____
 Personal _____
 Sick _____
 Court/Jury _____
 Military _____

Number of Hours: _____

DATE(S) OF ABSENCE: Beginning: _____
 Ending: _____

Leave may be requested in fifteen-minute (1/4 hour) increments.

Employee

Immediate Supervisor

President

Supervisor keeps this original form. Employee retains a copy.