



**Application for Leave of Absence
Administrators**

When known in advance, this form should be submitted to your supervisor for a leave of four (4) hours or more. Whenever possible, a one week notice should be given. All absences should continue to be reported on the Administrative Absence report form.

If a change occurs prior to the leave, please submit a revised form.

Name: _____ **Today's Date:** _____

I hereby request leave from _____ **to** _____

College Business	<input type="checkbox"/>
Vacation	<input type="checkbox"/>
Personal	<input type="checkbox"/>

Sick	<input type="checkbox"/>
Bereavement	<input type="checkbox"/>
	<input type="checkbox"/>

This is a modification of leave requested from _____ **to** _____.

Have others in the department requested time off during this period? _____

If so, please explain coverage: _____

The following arrangements have been made (i.e. timesheets signed by xxx): _____

Employee Signature _____ **Date** _____

APPROVED: _____ **DENIED:** _____

Supervisor Signature: _____ **Date** _____

Copy to employee