



COLLEGE POLICY

PERSONNEL

TOC

E-3i(12) FORM Request & Authorization for Leave, P-16

**Southeast community college** **P-16 FORM**  
**REQUEST & AUTHORIZATION FOR LEAVE**

Employee ID No. \_\_\_\_\_  
 Name of employee \_\_\_\_\_ Date \_\_\_\_\_  
 Location \_\_\_\_\_ Position \_\_\_\_\_ Division \_\_\_\_\_  
 I hereby request \_\_\_\_\_ hour(s) leave to begin at \_\_\_\_\_ a.m./p.m. on \_\_\_\_\_  
 and to resume my duties at \_\_\_\_\_ a.m./p.m. on \_\_\_\_\_

**TYPE OF LEAVE REQUESTED: (All leave is to be taken in increments of 1/2 hour.)**  
 Sick Leave —  Full  Member of immediate family  
 Note: If employee is absent five (5) consecutive work days or more, a doctor's statement will be required.  Doctor's statement attached  
 Family Medical Leave Act (FMLA)\*  
 Leave Without Pay — (state nature of leave) \_\_\_\_\_  
 Vacation Leave  
 Civic Leave  
 Jury Duty Leave  
 Bereavement Leave Relationship of the deceased \_\_\_\_\_  
 Personal Leave  
 Military Leave

If other than vacation, personal, sick, or bereavement leave, reason for request in specific terms: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Employee's Signature \_\_\_\_\_

Approved \_\_\_\_\_ Date Entered \_\_\_\_\_  
 Immediate Supervisor: \_\_\_\_\_  
 Date: \_\_\_\_\_

Disapproved \_\_\_\_\_  
 Reason: \_\_\_\_\_

\_\_\_\_\_  
 SUBMIT TO IMMEDIATE SUPERVISOR

00001 — Campus Business Office 00002 — Immediate Supervisor 00003 — Employee 00000000 — Submit with New Hire Sheet  
 \*FMLA - 000000 — New Human Resources Office

AD0001100

Adopted Date: 01/02/2005