

Columbia State Community College

REQUEST FOR LEAVE

(please print)

Name: _____ ID# A Date _____

Request _____ Hours - to begin: _____ and end: _____
(time, month, day, year) (time, month, day, year)

Annual Leave

Sick Leave*

Other Leave

_____ hours	_____ hours personal illness**	_____ hours without pay
	_____ hours family illness	_____ hours other (specify) _____
	_____ hours death in family	_____ hours compensatory
	Family member _____	_____ hours bereavement
		Family Member _____

* Documented evidence of illness is required if sick leave exceeds 5 working days or 37.5 hours.

**For personal illness, I hereby affirm that I was unable to report for work or perform my assigned duties.

Employee Signature

Supervisor Approval (Signature)

<p>Conversion Table:</p> <p>.1 hr = 1 – 6 minutes .2 hr = 7 – 12 minutes .3 hr = 13 – 18 minutes .4 hr = 19 – 24 minutes .5 hr = 25 – 30 minutes .6 hr = 31 – 36 minutes .7 hr = 37 – 42 minutes .8 hr = 43 – 48 minutes .9 hr = 49 – 54 minutes 1.0 hr = 55 – 60 minutes</p>	<p>NOTICE:</p> <p>To assist the department's and the College's efficiency, planned leaves should be requested with as much advance notice as possible. Leave must not start until approval is received.</p>
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Note: Supervisor is to approve with signature and provide to the office of human resources directly through personal delivery or through campus mail within one week of unplanned or unscheduled absence or return to work. Advance requests for any leave should be provided immediately upon approval by the supervisor.