

Signature _____

Date Submitted _____

The types of leave listed below may or may not be available to you in terms of your position and the length of your contract. If you have questions about leave availability, please contact the Director for Business Services.

LEAVE REQUEST: Please check and/or fill in everything applicable to your request.

Leave is requested: With Pay Without Pay

Vacation Leave

Sick Leave

FMLA Leave

Other Leave: _____

Number of Days: _____

Dates Leave Requested: _____

Purpose for Leave: _____

FLEX TIME REQUEST: (Flex time request is a request for temporary adjustment to your regularly scheduled hours.) I would like to adjust my hours to start at _____AM and end at _____PM beginning on (day & date)_____ and ending on (day & date)_____. Reason for Request: _____.

ADMINISTRATIVE ACTION:

Request: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	
_____	_____
Administrator's Signature	Date
Comments: _____	

Request: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	
_____	_____
Director of Human Resources and Accreditation	Date
Comments: _____	

You are responsible for submitting leave requests in a timely manner – providing enough time for a response before leave is used, unless there is an emergency situation.

You are responsible for:

1. Submitting a leave request form to your direct Administrator for approval. Your direct Administrator will then forward it to the Director of Business Services for further approval and documenting it on the leave calendar. A copy will be returned to you.

Expenses: (if applicable)

1. Please continue to submit the proper forms for reimbursement for expenses.

Leaves:

1. All leave should be listed on the weekly Staff Absence Form. Please indicate the type of leave.
2. If you are requesting FMLA leave, please contact the Office of the Director of Curriculum & Learning to obtain the appropriate forms.