**NORTH FLORIDA COLLEGE**

Leave Request Form

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Employee Name: |  | | | | | Date: |  | |
| Employee Number: | | |  | Department: |  | | |
| Supervisor Name: | |  | | | | | |

Type of Leave Requested:

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Vacation: | |  |  | | Regular Sick: | | | |  |
| Administrative: | |  |  | | Personal Sick: | | | |  |
| Leave Without Pay: | |  |  | | Compensatory Leave: | | | |  |
| Leave Taken From: |  | |  |  | To: |  |  |  | |

(date) (time) (date) (time)

|  |  |  |
| --- | --- | --- |
| Total Hours Requested (Round to the nearest quarter hour): | |  |
| Employee’s Signature: |  | |
| Supervisor’s Approval: |  | | |

Note 1: Make a copy for your records before submitting to the Business Office.

Note 2: See the Employees manual for the definition of each type of Leave.

January 2020