

LURLEEN B. WALLACE COMMUNITY COLLEGE LEAVE REQUEST

Name: _____

Employee Number: _____

Directions: Completion of the leave request is the responsibility of the employee.

Amount Requested (Enter Number of Hours)

Annual _____ Date _____

Personal _____ Date _____

Sick _____ Date _____

Compensatory _____ Date _____

Professional Dev. _____ Date _____

Institutional Support _____ Date _____

Jury _____ Date _____

Employee Signature
Revised 04-30-2019

Date

Supervisor Signature

Date
