

JCJC LEAVE REQUEST

Employee Name _____ Empl. ID# _____

I am requesting leave for: date(s) _____ time(s) _____

Total number of hours requested: _____ (No less than one hour can be used)

Leave time to be allocated as follows:

_____ Personal (Faculty Only)

_____ Sick

_____ Vacation

_____ Unpaid Absence (Explanation Required)

_____ Conference/Workshop
_____ Professional Organization
_____ Student Organization
_____ Curriculum Review
_____ P.R./ Recruiting
_____ Other

Reason for taking leave: _____

Employee Signature

Date

Supervisor/Division Chair Signature

Date

Appropriate Dean Signature

Date

*****Personnel/Payroll Use Only*****

Approved by Personnel

Date
