

# 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: \_\_\_\_\_

Dean/Director's Signature: \_\_\_\_\_

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.