**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