

Leave Request

(USE ONE FORM FOR EACH TYPE OF LEAVE)

Employee Reporting Absence:

Employee's Name:

Cougar ID Number:

Leave requests should be submitted to your manager as far in advance as possible and your manager should approve/deny requests prior to the date for which leave is requested when possible. All leave will be charged to any accumulated balance available in the appropriate category, using 15 minute (.25) increments. Your accumulated leave must be sufficient to cover the amount of time requested. Sick leave shall not be used for any other purposes.

Is this FML-Related?

Yes No

If yes, Email form to: **FML@CSCC.EDU**

Sick

(For Payroll Use Only)

Day: Date: From/To: Hour(s):
 Day: Date: From/To: Hour(s):
 Day: Date: From/To: Hour(s):
 Day: Date: From/To: Hour(s):
 Day: Date: From/To: Hour(s):

Time available _____
 Time to be deducted _____
 Total amount deducted _____

Total Hour(s):

Vacation

Is this FML-Related? Yes No

If yes, Email form to: **FML@CSCC.EDU**

Day: Date: From/To: Hour(s):
 Day: Date: From/To: Hour(s):
 Day: Date: From/To: Hour(s):
 Day: Date: From/To: Hour(s):
 Day: Date: From/To: Hour(s):

(For Payroll Use Only)

Time available _____
 Time to be deducted _____
 Total amount deducted _____

Total Hour(s):

Personal Business Leave (for Faculty only)

(For Payroll Use Only)

Day: Date: From/To: Hour(s):
 Day: Date: From/To: Hour(s):

Time available _____
 Time to be deducted _____
 Total amount deducted _____

Total Hour(s):

24/7 Holiday Leave (for Police only)

(For Payroll Use Only)

Day: Date: From/To: Hour(s):
 Day: Date: From/To: Hour(s):

Time available _____
 Time to be deducted _____
 Total amount deducted _____

Total Hour(s):

Flex Time (for Facilities only)

(For Payroll Use Only)

Day: Date: From/To: Hour(s):
 Day: Date: From/To: Hour(s):

Time available _____
 Time to be deducted _____
 Total amount deducted _____

Total Hour(s):

CARE Leave

(For Payroll Use Only)

Day: Date: From/To: Hour(s):
 Day: Date: From/To: Hour(s):

Time available _____
 Time to be deducted _____
 Total amount deducted _____
 Total Hour(s):

Military Duty (attach a copy of orders)

Jury/Civic Duty (attach a copy of notice)

Start Date: Return Date: Total Hours:

Start Date: Return Date: Total Hours:

Employee Signature: Date:

Approved Not Approved

Comments

Manager Signature: Date:

Payroll Use Only: Date:

EMPLOYEES: EMAIL NON-FML REQUESTS TO YOUR SUPERVISOR.

SUPERVISORS: EMAIL APPROVED NON-FML FORMS FOR EXEMPT/SALARY/FACULTY/ADJUNCTS ONLY TO PAYROLL AT LEAVEREQUEST@CSCC.EDU.