

EMPLOYEE LEAVE REQUEST

(Must be submitted 2 weeks prior to planned leave)

Name of Employee: _____

Date: _____

To: Director or Supervisor, Center for College Access & Success Programs

Re: Request for Leave by a CCASP Employee

Dates of Leave:

From _____ through _____ totaling _____ days and/or _____ hours.

OR List separate dates:

_____	_____
_____	_____
_____	_____

During my absence, _____ will be in charge of my responsibilities.

SELECT ONE:

This application is hereby made for:

- a paid leave of absence in accordance with the applicable Collective Bargaining Agreement
- a paid CTO
- an unpaid leave (hours may not be made up).

Type of Leave:

- Vacation
- Personal Holiday
- Sick Leave (check type below)
 - Injury (work-related)
 - Illness/Doctors Appointment – immediate family
 - Illness/Doctors Appointment – self
 - Bereavement

Other: _____

Employee's Signature: _____

<input type="checkbox"/> Approved	_____	_____
<input type="checkbox"/> Disapproved	Signature of Supervisor or Site Coordinator	Date
<input type="checkbox"/> Approved	_____	_____
<input type="checkbox"/> Disapproved	Signature of Director or Field Advisor	Date