

# Paine College

## Leave Request Form

### Employee Information

Name: \_\_\_\_\_ Date of Request \_\_\_\_\_

Vacation       Sick       Bereavement       Official College Business  
(1 day in town/3 days out of town)

Other: **Specify** \_\_\_\_\_  
(Military Leave, Jury Duty, etc)

Number of Days Requested: \_\_\_\_\_ Date(s): \_\_\_\_\_

OR

Hours Requested: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: (optional)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Employee: \_\_\_\_\_



### Supervisor Information:

Approved       Denied

Reason for Denial or conditions of approval (**optional**):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Supervisor: \_\_\_\_\_

**(A copy of this form must be forwarded to the HR/Payroll Office prior to the 18 of the month for processing. Vacation and Sick time will be recorded and posted on the check /direct deposit stub)**

(Updated 6/28/2013)