

SOUTHERN STATE COMMUNITY COLLEGE LEAVE REQUEST AND AUTHORIZATION

Today's Date: _____

Employee: _____

Purpose	With Pay	Without Pay	Dates From Thru	# of Days	Accrued Time*	Date Posted*
Vacation Leave						
Family & Medical Leave / Sick Leave						
Personal Day						
Other _____						

*For Business Office use only

Approvals

Requested by: _____	_____
(Employee)	Date
Recommended by: _____	_____
(Supervisor)	Date

Instructions:

1. This form is to be used for all vacation, sick, and other leave requests in compliance with regulations listed in the College Policy and Procedures Manual.
2. Vacation requests should be submitted 10 days before the start of the vacation period. The employee should keep a copy for their records, if desired.
3. Sick Leave request forms are to be submitted **immediately** upon return to work after an absence due to illness. The employee should keep a copy for their records, if desired.
4. A copy of this request is forwarded to the Treasurer by the Supervisor through the appropriate Dean.
5. The Treasurer will review the availability of leave time and compute remaining accrued leave (this balance will be reflected on paycheck stubs).
6. Any request for leave without pay must be accompanied by a letter of explanation that has been approved by the President.