



Associate, Support and Administrative Staff Request for Short-Term Leave

Name: _____

Office: _____

Campus: _____

Date Submitted: _____

For all leave other than annual and sick leave please forwarded to the Office of Human Resources, upon completion. **Civil and military leaves require** that the employee attach his or her subpoena or orders in addition to turning over the pay received while on leave from the College. The Benefits staff should be contacted at 240/567-5370 if the employee is applying for disability leave.

- | | | |
|---|---|--|
| <input type="checkbox"/> Annual Leave | <input type="checkbox"/> Military training
(attach orders) | <input type="checkbox"/> Professional Meeting |
| <input type="checkbox"/> Bereavement Leave | <input type="checkbox"/> Other | <input type="checkbox"/> Sick Leave
(surgery, medical appointments) |
| <input type="checkbox"/> Civil Leave
(jury duty or witness –
submit subpoena) | <input type="checkbox"/> Personal Leave | <input type="checkbox"/> Enrichment Leave |

Number of days _____ Dates _____ Hours Available for Leave _____
(Check current leave information on Banner Web)

Reason for leave (other than annual or personal) _____

Date	Signature of Requestor	Approved	Disapproved
		<input type="checkbox"/>	<input type="checkbox"/>
Date	Immediate Supervisor		
		<input type="checkbox"/>	<input type="checkbox"/>
Date	Unit Administrator		
		<input type="checkbox"/>	<input type="checkbox"/>
Date	Human Resources (if appropriate)		
		<input type="checkbox"/>	<input type="checkbox"/>

Reason for disapproval or other remarks _____
