



## APPLICATION FOR LEAVE

Name (Please Print) \_\_\_\_\_

Employee ID or SSN (Enter only last 4 digits of SSN) XXX-XX- \_\_\_\_\_

CCSNH Institution: \_\_\_\_\_

TYPE OF LEAVE	BEGINNING		ENDING		TOTAL HOURS
	DATE	TIME	DATE	TIME	
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

TYPE OF LEAVE:	ADMN - Administrative Leave VAC - Annual Leave FYPD - FY Personal Day BNSL - Bonus Leave CIVL - Jury Duty/Civil Leave*	CMPT - Compensatory Time MLTR - Military Leave* LWOP - Leave Without Pay FMLA - Family & Medical Leave* (*Requires appropriate documentation)	SICB - Sick Bereavement SICD - Sick Dependent SICE - Sick Employee SICP - Sick Personal Leave
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**Sick Leave:** Please indicate the reason for the sick leave request below.

Personal illness or injury

Serious health condition as defined by the FMLA

Dependent Care

Medical/Dental appointment

Bereavement Leave

Personal Leave

Donation of Sick Leave to: \_\_\_\_\_  
Print Name of Employee to Receive Sick Leave

**Certification:** I hereby request leave/approved absence from duty as indicated above and certify that such leave/absence is requested for the purpose(s) indicated. I understand that I must comply with the procedures for requesting and utilizing leave, and provide supporting documentation, if required. Falsification of this Application for Leave or supporting documentation may be grounds for disciplinary action, up to and including dismissal.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**RESPONSE TO EMPLOYEE REQUESTING LEAVE:**

Recommended  
 Not Recommended

Approved \_\_\_\_\_ Immediate Supervisor \_\_\_\_\_ Date \_\_\_\_\_  
 Not Approved

Unauthorized \_\_\_\_\_ Administrator Authorized to Approve Leave \_\_\_\_\_ Date \_\_\_\_\_

Reason for Non-Approval:



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Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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 Not Recommended

Approved \_\_\_\_\_ Immediate Supervisor \_\_\_\_\_ Date \_\_\_\_\_  
 Not Approved

Unauthorized \_\_\_\_\_ Administrator Authorized to Approve Leave \_\_\_\_\_ Date \_\_\_\_\_

Reason for Non-Approval: