

San Carlos Apache College
San Carlos Avenue
PO Box 344
San Carlos Az 85550
(928) 475-2016 Fax (928)475-2018



LEAVE REQUEST

Employee Name: _____ Date: _____

Position: _____

I HEARBY APPLY FOR _____ HOUR(S) OF:

____ Earned Leave ____ Sick Leave ____ Leave Without Pay ____ Other

BEGINNING ON _____ - _____ - _____ AT _____ AM/PM
Month Day Year Time

AND ENDING ON _____ - _____ - _____ AT _____ AM/PM

I Understand that any EARNED LEAVE authorized in excess of the amount available to me during the year will be charged to LWOP.

Employee Signature Date Supervisor Signature Date