



SAN CARLOS APACHE COLLEGE

LEAVE REQUEST FORM

Name: _____

Date: _____

Department: _____

I request leave as follows:

Annual Leave

Sick Leave

Leave Without Pay

Bereavement Leave

Jury Duty

Other: _____

Beginning: _____ Time: _____ Ending: _____ Time: _____ Total Hours: _____
Date Date

I hereby request leave as indicated above and certify it is for the stated purpose(s). I understand that insufficient accrued leave, or leave authorized beyond my available accrued balance for the year, will be charged to LWOP. I will comply with SCAC's leave procedures and provide required documentation. I acknowledge that falsification may result in disciplinary action, including termination (*leave approval is subject to applicable eligibility and documentation requirements under the appropriate leave policy*).

Employee Signature: _____ Date: _____

Approved

Denied (reason) _____

Supervisor Signature: _____ Date: _____