

Application for Leave

First Name

Last Name

Last 4 of SSN

Campus NCC MCC GBCC RVCC LRCC WMCC NHTI System

Specifics:

Do not enter more than one week of time per line. Each pay period requires a unique application.

Leave Type	Begin Date:	Day:	Year:	AND	End Date:	Day:	Hours:
Leave Type	Begin Date:	Day:	Year:	AND	End Date:	Day:	Hours:
ADMN	Jan	1	2019		Jan	1	
Leave Type	Begin Date:	Day:	Year:	AND	End Date:	Day:	Hours:
ADMN	Jan	1	2019		Jan	1	

Total for this request:

Types Of Leave:

ADMN -Administrative Leave	CMPT -Compensatory Time	VAC -Annual Leave	MLTR -Military Leave
SICB -Sick Bereavement	SICD -Sick Dependent	SICE -Sick Employee	SICP -Sick personal leave
FYPD -FY Personal Day	LWOP -Leave without Pay	BNSL -Bonus leave	CIVL -Jury Duty/Civil Leave*
FMLA -Family & Medical Leave*	If you chose SICE above and need to be more specific, choose one of these two boxes below:		*Requires appropriate documentation
SICE -Medical or Dental Appointment		SICE -Personal Illness or Injury	

Donation -- If you are donating sick time to another employee, enter name here: I agree to donate sick leave to:

First name

Last name

Certification:

I hereby request leave/approved absence from duty as indicated above and certify that such leave/approved 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.

I agree as of

Select the Manager you report to: Alex Wunderlich

Red Fields are required for your request to be granted.