

SOUTH FLORIDA COMMUNITY COLLEGE
LEAVE REQUEST FORM

Name	G.I.D.	Date
<u>Ck</u> <u>Description</u>	<u>Total Hours</u>	FROM <u>Time</u> <u>Date</u>
_____ Assignment for Temporary Duty	_____ hrs.	TO <u>Time</u> <u>Date</u>
_____ Sick Leave	_____ hrs.	
_____ Personal (CHARGED TO SICK LEAVE) (Max. 4 days per year)	_____ hrs.	
_____ Annual Leave	_____ hrs.	
_____ Comp. Time	_____ hrs.	
_____ Personal (NO PAY)	_____ hrs.	
_____ Other Authorized Leave	_____ hrs.	

If assignment is for Temporary Duty, please complete:

To Attend: _____
 Location: _____
 Reason for Request: _____

Will substitute teacher be needed? _____ YES _____ NO

If yes, for which classes? _____

NOTE: It is the employee's responsibility to keep accurate records of leave utilized and to conform to all leave policies as authorized by the SFCC District Board of Trustees. Leave shall be authorized for a specific purpose in advance, except that leave for sickness or other emergencies may be approved if reported promptly to the proper authority. Leave shall be used for the authorized purpose.

Employee's Signature	Date	Supervisor's Signature	Date
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1. Complete and sign the leave form.
 2. Forward to immediate supervisor for signature.
 3. Supervisor will forward to Liaison.
 4. Liaison will furnish copy to you for your records.
 5. Leave can be submitted in increments of ¼, ½, ¾ and whole hours.
- Form Revised: October, 2008

DISTRIBUTION: ORIGINAL — PAYROLL 1 COPY—LIAISON 1 COPY — EMPLOYEE