

# McDowell Technical Community College

## Leave Request Form

Complete the appropriate section

**\*\*PLEASE PROCESS A DIFFERENT FORM FOR EACH MONTH\*\***

Employee Name (Print):

Date Submitted:

### SICK LEAVE USED

Date(s) Used:

Total Hours Used:

Print and Sign

### VACATION REQUEST

Date(s) Used:

Total Hours Used:

Print and Sign

\*\*I was sick but chose the option to use vacation leave instead of sick leave for the above. \_\_\_\_\_Initial

### APPROVAL/ACKNOWLEDGEMENT REQUIRED

#### Immediate Supervisor Signature

- President
- Vice President
- Dean
- Director
- Coordinator

**After appropriate approval signatures have been obtained, please submit this form to Jill Hensley in Payroll immediately following use of leave for processing.**