



BEVILL STATE COMMUNITY COLLEGE
REQUEST FOR LEAVE

Date: _____

Name of Employee: _____ ID# _____

Type of Leave Taken

Annual:

Date	Day	Start	End	Hours
	Monday			
	Tuesday			
	Wednesday			
	Thursday			
	Friday			
Total				

Sick

Date	Day	Start	End	Hours
	Monday			
	Tuesday			
	Wednesday			
	Thursday			
	Friday			
Total				

Personal:

Date	Day	Start	End	Hours
Total				

Other:

Date	Day	Start	End	Hours
Total				

Reason for leave Request: _____

Signed:

Employee _____

Date _____

Reviewed By _____

Date _____

Approved By _____
Appropriate Administrator

Date _____

Note: Annual leave must be requested at least seventy-two hours in advance of actual leave, unless circumstances are such that it was not then known by employee that leave would be taken. In such cases, the employee should request leave as far in advance as possible.