



REQUEST FOR LEAVE

BISHOP STATE COMMUNITY COLLEGE
351 NORTH BROAD STREET
MOBILE, ALABAMA 36603-5898

Leave policy is explained in the FACULTY-STAFF HANDBOOK. Please refer to the HANDBOOK for details. Failure to follow policy and procedures may result in disciplinary action, including termination.
Application for leave must be filed to cover each and every period of time during which any employee is absent from assigned duties.
Application to use ANNUAL LEAVE must be received at least one week prior to the planned date of usage.

- RESIDENT CAMPUS:
[ ] MAIN CAMPUS
[ ] SOUTHWEST CAMPUS
[ ] CARVER CAMPUS
[ ] CENTRAL CAMPUS

PRINT EMPLOYEE'S NAME

TYPE OF LEAVE REQUESTED:

- SICK LEAVE EMERGENCY LEAVE
PERSONAL LEAVE ANNUAL LEAVE
OTHER LEAVE (ATTACH A WRITTEN EXPLANATION)

DATE(S) THIS LEAVE IS TO BE USED: MONTH DAY(S) YEAR
(USE NUMERICS ONLY)

AMOUNT OF LEAVE REQUESTED:

DAY(S) HOUR(S) MINUTES
PLEASE INDICATE THE RANGE OF TIME IF REQUESTING HOUR(S) AND MINUTES (i.e. 2:30-3:45 p.m.):

DATE THIS REQUEST IS BEING FILLED OUT:

EMPLOYEE'S SIGNATURE

RECOMMENDATION: [ ] YES [ ] NO

SUPERVISOR
DIVISIONAL CHAIRPERSON APPROVED PRESIDENT
DEAN/BUSINESS MANAGER

BALANCE BEFORE FOR USE OF PERSONNEL DIRECTOR ONLY:

Amount Taken
Balance After

DATE ENTERED ON RECORDS