

# COAHOMA COMMUNITY COLLEGE

## EMPLOYEE LEAVE REQUEST TWO WEEKS OR LONGER

Name \_\_\_\_\_ Position \_\_\_\_\_ Date of Request \_\_\_\_\_

Department \_\_\_\_\_ Supervisor \_\_\_\_\_

Date(s) Leave Beginning \_\_\_\_\_ Ending \_\_\_\_\_

***Type of Leave: (check One)***

- ( ) FMLA
  - Maternity [ ]
  - Adoption [ ]
  - Spouse, son or daughter, or parent [ ]
  - Medical Leave [ ]
- ( ) Indefinitely Leave
- ( ) Personal
- ( ) Military Leave
- ( ) Sick Leave [ ] One Week [ ] Two Weeks [ ] One Month or Longer
- ( ) Worker's Compensation
- ( ) Educational Leave [ ] 4 to 6 Weeks [ ] 3 to 6 Months or Longer
- ( ) Leave without Pay [ ] One Week [ ] Two Weeks [ ] One Month or Longer

Was there a written request for leave? \_\_\_\_\_ If so, please attach. If not, has the employee been notified of the college's leave policy? Yes \_\_\_\_\_ or No \_\_\_\_\_ Date Employee Will Return From Leave \_\_\_\_\_.

Employee \_\_\_\_\_ Date \_\_\_\_\_

Dean/Director \_\_\_\_\_ Date \_\_\_\_\_

Business Manager \_\_\_\_\_ Date \_\_\_\_\_

President \_\_\_\_\_ Date \_\_\_\_\_

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