NorthWest Arkansas Community College

Employee Leave Request Form

Instructions: ALL Administrative and Classified Employees MUST complete this form and turn it in to their Supervisor for approval BEFORE leave is taken (used) -- only exception is Sick Leave. Full-Time Faculty need to turn in the Leave Request form for Sick Leave taken only.

Employee Name: **Date:**

Position Title:	**Employee ID No.**	
Department :	**Department No.**	

☐ **Admin Employee** ☐ **Classified Employee** ☐ **Full-Time Faculty**

Type of Leave Requested	Date(s) of Requested Leave	Number of Hours
☐ **Vacation**		
☐ **Sick**		
9 month faculty only ☐ **Personal** (1 day per semester)		
☐ **Compensatory Time**		
☐ **Leave Without Pay** ***		
*** Where applicable, both the Employee and the Supervisor are aware that ALL annual leave must be exhausted (used) prior to leave without pay and that this request complies with all applicable regulations and policies.		
☐ **Maternity Leave**		
☐ **Military Service**		
☐ **Family Medical Leave**		
☐ **Jury/Court Leave**		

SUPERVISORS: PLEASE ATTACH ALL Leave Request Forms for Leave Used During the Pay Period to the Employees Time & Leave Register before turning into Payroll for Processing.

Employee Signature **Date** **Supervisor's Approval** **Date**

Notes/Comments