



Cleveland State Community College

LEAVE REQUEST

PLEASE PRINT OR TYPE.

Name _____ Dept. _____ Date _____

Annual Leave

Date(s) of Leave _____ Total Hours Leave _____

Sick Leave

Date(s) of Leave _____ Total Hours Leave _____

Bereavement Leave

Date(s) of Leave _____ Total Hours Leave _____

Please circle your relationship to the deceased—spouse, child, stepchild, parent, stepparent, foster parent, parent-in-law, sibling, grandparent or grandchild.

Military Leave (submit copy of orders)

Date(s) of Service _____

Civil Leave (submit attendance verification from court for jury service)

Date(s) of Service _____

Leave of Absence (Leave without pay)

Date(s) of Leave _____ Total Hours Leave _____

Reason _____

Please note the following:

If you need a copy for your records, please copy before submitting form.

Employee should be notified by supervisor if leave is not granted.

Employee's Signature

Approval:

Immediate Supervisor