

**LEAVE FORM
RANDOLPH COMMUNITY COLLEGE**

Please check **one**:

- | | | |
|-----------------------------------------|--------------------------------------|--------------------------------------------------|
| <input type="checkbox"/> Vacation Leave | <input type="checkbox"/> Sick Leave | <input type="checkbox"/> Child Involvement Leave |
| <input type="checkbox"/> Funeral Leave | <input type="checkbox"/> Civil Leave | <input type="checkbox"/> Voluntary Shared Leave |
| <input type="checkbox"/> Military Leave | <input type="checkbox"/> Furlough | |

Is this FMLA Leave? Yes No
(Supervisor to complete)

EMPLOYEE NAME _____

DATE(S) OF LEAVE _____ TOTAL OF HOURS _____
Month Day(s) Year

TIME(S) OF LEAVE (if partial day): _____

REQUESTED BY: _____

APPROVED BY: _____

COMMENTS: _____

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