LEAVE FORM
RANDOLPH COMMUNITY COLLEGE

Please check **one**:

❑ Vacation Leave ❑ Sick Leave ❑ Personal Leave

❑ Funeral Leave ❑ Civil Leave ❑ Voluntary Shared Leave

❑ Military Leave ❑ Furlough ❑ Worker's Comp

Is this FMLA Leave? ❑ Yes ❑ No ❑ Check if this is an UNPAID leave of absence
(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 _____ _____
Date

APPROVED BY _____ _____
Date

COMMENTS: _____

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