

North Country Community College
Request for Leave or Approved Absence

Name – Please Print

Department

| Check appropriate box(es) | Date | | Time | | Total Hours |
|---|------|---------|------|---------|-------------|
| | From | Through | From | Through | |
| <input type="checkbox"/> Sick | | | | | |
| <input type="checkbox"/> Personal | | | | | |
| <input type="checkbox"/> Vacation | | | | | |
| <input type="checkbox"/> Floating Holiday | | | | | |
| <input type="checkbox"/> Bereavement | | | | | |
| <input type="checkbox"/> Family Illness/FMLA | | | | | |
| <input type="checkbox"/> Other (please specify) | | | | | |

If classes or scheduled duties will be missed, indicate how it will be covered.

ANTICIPATED ABSENCES: Complete prior to absence and submit to immediate supervisor.

UNANTICIPATED ABSENCES: Notify immediate supervisor as soon as possible and submit form to immediate supervisor upon return. All personnel with assigned duties at sites other than Saranac Lake must call the office at the site so that students and others can be notified of your absence.

Employee Signature

Date

Area Supervisor

Date

Immediate Supervisor

Date