SOLANO COMMUNITY COLLEGE
<u>LEAVE REQUEST FORM</u>

For division use only:

SECTION I

Full Name: _____ ID #: _____

Leave Dates: _____Total Hours Requested: _____

Type of Leave: Vacation   Comp Time   Floating Holiday   Management   Without Pay

Date: _____   Employee Signature: _____

SECTION II

ACTION: Approved   Denied

Date: _____   Manager Signature: _____

Note: This form is to approve or deny a request for an employee's time off. Follow up by completing an absence report for all approved time.

Distribution: White - employee, Yellow - supervisor

E:\forms\leave_request