

LEAVE REQUEST FORM

A-B Tech Community College policy provides that this form be completed for all leave requests. For all leaves that are foreseeable in nature (i.e. doctor appointment, scheduled surgery, maternity, vacation, compensatory time, etc.), this form must be completed and submitted in advance. For sick leave requests that are not foreseeable (i.e. sudden illness), this form must be submitted by the end of month and submitted with time sheet. Print and sign the form, and provide it to the person who approves your leave. Request for leave are considered **not** approved until signed, dated and returned to the employee by immediate supervisor. When possible, the immediate supervisor should respond within 5 working days with an approval/denial. Approval of leave is subject to workload and adequate staffing levels of the department, consistent with applicable legal requirements. A copy of this form must be submitted to HR, attached to either the Record of Leave (for Exempt employees) or Time Sheet (for Non-Exempt employees) for the month in which it applies. **Keep a copy for your records.**

EMPLOYEE INFORMATION		
Employee Name:		
Job Title/ Department:	ID#:	
ABSENCE INFORMATION		
<input type="checkbox"/> This is a new request. <input type="checkbox"/> This is an update to an existing request.		
TYPE OF LEAVE (MORE THAN ONE MAY BE SELECTED)		
<input type="checkbox"/> Sick	<input type="checkbox"/> Child Involvement	
<input type="checkbox"/> Vacation	Child Involvement Leave is without pay, but the employee can choose to use vacation leave for this purpose, when applicable and available. Any vacation leave used will be considered to run concurrently with the Child Involvement Leave.	
<input type="checkbox"/> Special Vacation – Must be pre-approved (select request year on time-sheet 17-18 or 18-19)	<input type="checkbox"/> Military- Hours: _____ Date(s): _____ (Please include a copy of military orders with this form)	
<input type="checkbox"/> Bonus Vacation – Must be pre-approved	REQUEST FOR THE FOLLOWING LEAVES ARE COMPLETED WITH HR BENEFITS TEAM. Email question to: benefitsHR@abtech.edu	
<input type="checkbox"/> Compensatory Time	<ul style="list-style-type: none">• Maternity/Paternity• Paid Parental Leave• Family Medical Leave• Educational• ADA Accommodation• Leave Without Pay	
<input type="checkbox"/> Civil		
<input type="checkbox"/> Bereavement		
<input type="checkbox"/> Community Service Leave (please attach the Community Service Leave Form, this will provide hours and dates).		
<input type="checkbox"/> Personal Observance Leave		
TIME OFF		
Type	Number of Hours	Dates: (this form can be used for multiple days throughout the month)
Sick	_____	_____
Vacation	_____	_____
Special Leave 17-18 / 18-19	_____	_____
Bonus Leave	_____	_____
COT	_____	_____
Civil / Bereavement	_____	_____
Child Involvement	_____	_____
Community Service	_____	_____
Personal Observance Leave	_____	_____
<input type="checkbox"/> I have verified that I have sufficient accrued leave to take the above requested paid leave.		
SIGNATURES BELOW AUTHORIZE APPROVAL FOR LEAVE REQUESTED:		
Employee Signature:	Date:	
Supervisor Signature:	Date:	