

COMMUNITY COLLEGE SOUTHERN NEVADA

Notification of Leave – Professional Employees

1. Name _____ Title _____

2. Department _____ Phone _____ Sort Code _____

3. I request _____ (day/days) leave for the following reason:

_____ Sick leave (explain in "Remarks")

_____ Annual Leave ("A" Contract only)

_____ Other (Explain in "Remarks")

Remarks _____

4. Dates of leave: Beginning _____ Time: _____ thru _____ Time: _____

_____ Time: _____ _____ Time: _____

_____ Time: _____ _____ Time: _____

5. To the best of my knowledge, the facts stated above are accurate.

Employee Signature Date

6. Approved _____
Immediate Supervisor

7. Approved _____
V.P.

8. Recap of leave: Eff. _____ Sick _____ Annual _____

9. Posted to leave record by: _____

A CONTRACT Employees Only:

Please list your schedule:

M _____ am _____ pm T _____ am _____ pm W _____ am _____ pm Th _____ am _____ pm

Fr _____ am _____ pm S _____ am _____ pm Su _____ am _____ pm