

VOORHEES COLLEGE
DENMARK, SOUTH CAROLINA

REQUEST FOR LEAVE

I _____, HEREBY REQUEST THE FOLLOWING:

_____ Vacation Day (s) With Pay _____ Vacation Day(s) Without Pay
_____ Sick Leave Day(s) With Pay _____ Sick Leave Day(s) Without Pay
_____ Other _____

January _____ May _____ September _____
February _____ June _____ October _____
March _____ July _____ November _____
April _____ August _____ December _____

Address while on leave _____

_____ City State Zip Code

I CAN BE REACHED BY TELEPHONE AT _____ OR _____

EMPLOYEE'S SIGNATURE _____ DATE _____

REQUEST APPROVED BY	APPROVING AUTHORITY	REQUEST DISSAPPROVED BY
	SUPERVISOR	
	PERSONNEL OFFICE	
	BUSINESS MANAGER	

COMMENTS: _____

_____ BY _____
NAME AND TITLE

DISTRIBUTION: SUPERVISOR, PERSONNEL OFFICE, BUSINESS MANAGER