

Northern Maine Community College Request for Leave



Employee Name _____ (Please Print) For Week Ending _____ (Date)

Current Date _____

Type of Leave Requested

Vacation Sick Administrative
Bereavement Compensating Personal

Dates Requested Month _____ Year _____

Day	Date	Hours
Sunday	___	___
Monday	___	___
Tuesday	___	___
Wednesday	___	___
Thursday	___	___
Friday	___	___
Saturday	___	___
Total Hours		___

Explanation:

Employee Signature APPROVED: Supervisor's Signature

Northern Maine Community College Notification of Approval for Leave

Employee _____ Date _____

Your Request for _____ leave on the following dates:
_____, with a total of _____ hours,

has been approved approved with adjustment denied

Reason _____

(Supervisor)