

APPENDIX K
REPORT AND REQUEST FOR LEAVE OF ABSENCE FORM

Employee's Name: _____ Title: _____ Dept: _____

Sick Leave
Date(s) (From/To) _____ Total Hours _____

Comp Time
Date(s) (From/To) _____ Total Hours _____

Personal Necessity (up to 7 days per fiscal year)
Date(s) (From/To) _____ Total Hours _____

Bereavement
Date(s) (From/To) _____ Total Hours _____

Vacation (at least one week in advance)
Date(s) (From/To) _____ Total Hours _____

District Approved **Activity** (briefly describe your reason)

Date(s) (From/To) _____ Total Hours _____

The employee must be notified whether the request is approved or denied within three working days of receipt
Requests submitted over the weekend, during a campus closure, or during a period the supervisor is otherwise absent shall have recorded date of receipt on the next day the supervisor is at work.
Other requests for leave outlined in Article X require approval through Human Resources and must be submitted to leaves@glendale.edu.

Employee's Signature _____ Date _____

Date Received by Supervisor: _____

Approved:

Not Approved: Reason: _____

Supervisor's Signature _____ Date _____