

Application for Annual Leave (vacation time) (Classified Staff)

Instructions: This form is to be used in requesting annual leave. Requests for annual leave should be at least seven (7) working days in advance, and at least fourteen (14) working days when requesting more than four (4) days. Decisions on request for annual leave or for leave with pay shall be made within seven (7) working days of submission except for requests which cannot be approved at the local level. Once a leave request has been approved, the approval may not be rescinded except in writing by the College President or Designee.

Name: _____

Department: _____ Title: _____

I hereby apply for annual leave for the period of: _____ to _____

Signature: _____ Date: _____

If you do not have access to an electronic signature, type your name above.

Name of Supervisor/Approver: _____

Request is: Approved Denied **

** Reason for denial: (please explain the reason for denial and provide a suggested alternate time if applicable)

Signature of Supervisor/Approver: _____ Date: _____

If you do not have access to an electronic signature, type your name above.

Additional approval may be required by College.