



CONNORS STATE COLLEGE RECORD OF LEAVE

Name of Employee Employee CWID

Department Department # Supervisor

Approval is requested as follows: Total Leave:
 Beginning _____ Days _____
 Through _____ Hours _____

- Sick Leave (Absence due to personal illness).
- Special Sick Leave: Relationship: _____
- Family Medical Leave Act (FMLA) Relationship: _____
- Compassionate Leave (See Faculty & Staff Handbook for Definition) Relationship: _____
- Personal Circumstances Leave (Deducted from sick/annual leave-See Faculty and Staff Handbook-Only absence required by emergency business or inclement weather – not to exceed two days per year.)
- Annual/Vacation (Eleven and twelve month employees with prior approval of supervisor.)
- COMP Time
- Administrative Leave
- Workmen's Compensation
- Leave Without Pay (Please explain) Reason: _____

Signature of Employee Signature of Supervisor

Date Date