

Middlesex Community College

**Leave Request Form**

*Leave requests should be submitted as soon as practicable.*

*Once complete, route to supervisor for approval.*

**Name:** \_\_\_\_\_

**Requested Leave Time**

Date(s): \_\_\_\_\_ Time: \_\_\_\_\_ Total Time Requested: \_\_\_\_\_  
(If full days, write "full day".) (# of days or hours)

**Leave Codes** Check all that apply. If using more than one, please indicate the number of hours you will be using for each code.

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> HCU – Holiday Comp. Used   | <input type="checkbox"/> SFAM – Illness in immediate family   | <input type="checkbox"/> SP – Medical Appointment   |
| <input type="checkbox"/> LPRTY – Union/Agency Party | <input type="checkbox"/> SFFNR – Funeral for immediate family | <input type="checkbox"/> VAC- Vacation              |
| <input type="checkbox"/> LJURY – Jury Duty          | <input type="checkbox"/> SFNRL - Funeral                      | <input type="checkbox"/> WC – Workers’ Compensation |
| <input type="checkbox"/> PL – Personal Leave        | <input type="checkbox"/> SICK - Illness                       | <input type="checkbox"/> Other - _____              |

**Employee’s Signature:** \_\_\_\_\_  
(Date)

**Approval - Supervisor’s Signature:** \_\_\_\_\_  
(Date)