

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.

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

Employee’s Signature: _____ (Date)

Approval - Supervisor’s Signature: _____ (Date)



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