

LEAVE NOTIFICATION FORM



Employee: complete, sign, and submit this form to your supervisor.
Supervisor: authorize by your signature and submit original to Human Resources,
Payroll and Benefits, AD 151 Questions? Call ext 2227
(Casper College Policy and Procedures – Leaves of Absence 1400:24)

Employee's Name _____ Today's Date _____

Department or Division _____

Dates: From _____ through _____ Total # of Days _____

Check type of leave taken:

- | | | |
|---|--|--|
| <input type="checkbox"/> Annual Leave | <input type="checkbox"/> Emergency Leave | <input type="checkbox"/> Witness or Jury Leave |
| <input type="checkbox"/> Sick * or Personal Leave | <input type="checkbox"/> Funeral Leave ** | <input type="checkbox"/> Military Leave |
| <input type="checkbox"/> Converted Sick Leave | <input type="checkbox"/> Compensatory Leave | <input type="checkbox"/> Leave Without Pay |
| <input type="checkbox"/> Doctor or Dentist Leave | <input type="checkbox"/> Other – Explain _____ | |

Supervisor: _____
Signature

Employee: _____
Signature

**five (5) or more consecutive sick days requires medical documentation.*

***attach documentation supporting funeral leave, and statement of the relationship (ex: grandparent, cousin)*

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