



Casper College

Leave Notification Form

EMPLOYEE'S NAME: *(Please Print)* _____

DEPARTMENT/DIVISION: _____

INSTRUCTIONS:

Employee:

- 1) Indicate the **type of leave** by placing a check mark next to the appropriate type of leave (if more than one type of leave is being taken for this event, check all that apply).
- 2) List the **date(s)** of each regularly scheduled work day(s) you will be (or were) away from work for each type of leave you have marked below. (ex: 8/29, 8/30, 8/31, 9/3, 9/4)
- 3) Indicate the **total number of hours** you were away from work for each type of leave you have marked below.
- 4) **Sign the form** and submit the form to your supervisor for approval.

Supervisor: Check for accuracy, authorize by your signature and **submit promptly** (within 7 days) to Human Resources, AD151.

ANY QUESTIONS? PLEASE CALL MICHELLE EXT. 2358 or HUMAN RESOURCES EXT. 2727

<input type="checkbox"/> Annual (May only be taken in 4-hour or 1-day increments) Dates: _____ # Hours _____	<input type="checkbox"/> Funeral ** _____ Dates: _____ # Hours _____
<input type="checkbox"/> Sick* Dates: _____ # Hours _____	<input type="checkbox"/> Compensatory (May only be taken in 4-hour or 1-day increments) Dates: _____ # Hours _____
<input type="checkbox"/> Personal (From Sick Leave Balance; 4-hour or 1-day increments) Dates: _____ # Hours _____	<input type="checkbox"/> Witness or Jury ** Dates: _____ # Hours _____
<input type="checkbox"/> Converted Sick (4-hour or 1-day increments) Dates: _____ # Hours _____	<input type="checkbox"/> Military ** Dates: _____ # Hours _____
<input type="checkbox"/> Doctor or Dentist (Employee Only) (Limit 3 hrs per visit, 6 hrs per month) Dates: _____ # Hours _____	<input type="checkbox"/> Leave Without Pay Dates: _____ # Hours _____
<input type="checkbox"/> Emergency (Refer to Procedure #1400:24:03 for definition) Dates: _____ # Hours _____	<input type="checkbox"/> Other – Explain: _____ Dates: _____ # Hours _____

* Five (5) or more consecutive sick days requires medical documentation.
 ** Attach documentation supporting the leave. For funeral leave, state relationship (i.e., grandparent, cousin, friend, etc.) on the line provided.

Work-Related Injuries: For OSHA (Occupational Safety and Health Act) reporting, was any of the time reported above taken off due to a work-related injury? No Yes If yes, please give date(s) and total number of hours: _____

 SUPERVISOR'S SIGNATURE DATE SIGNED EMPLOYEE'S SIGNATURE DATE SIGNED