

Chattanooga State Community College

Request for Absence from Regular Duties

Name: _____ _____ Phone Extension

Banner ID Number: _____

DATE(S) REQUESTED OFF:

FROM _____ TO _____

DATE YOU WILL RETURN TO WORK: _____

Please indicate the number of hours requested:

Type:	Annual	Sick	Comp	Bereavement	Civil	LWOP	Check if this is a Corrected Leave Slip
*Hours:							

***THE FOLLOWING SCHEDULE OF TENTHS OF HOURS SHALL BE FOLLOWED IN DOCUMENTING THE LEAVE TIME REQUESTED:**

.1 HOUR = 1 - 6 MINUTES	.5 HOUR = 25 - 30 MINUTES	.9 HOUR = 49 - 54 MINUTES
.2 HOUR = 7 - 12 MINUTES	.6 HOUR = 31 - 36 MINUTES	1.0 HOUR = 55 - 60 MINUTES
.3 HOUR = 13 - 18 MINUTES	.7 HOUR = 37 - 42 MINUTES	
.4 HOUR = 19 - 24 MINUTES	.8 HOUR = 43 - 48 MINUTES	

I hereby certify that I have sufficient annual leave accrual (or have secured and attached the President's approval for leave without pay) to cover the requested leave. For a personal illness request, I hereby affirm that I was unable to report for work or perform my assigned duties.

Employee: _____	Date: _____
Signature	
Supervisor: _____	Date: _____
Signature	
President: _____	Date: _____
Signature	

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COMMENTS:

Notes:

If **Bereavement Leave** is taken, please state relationship. If **Civil Leave** is taken, please attach supporting documentation from the court. If leave is taken **intermittently**, please include breakdown of hours in the comment section.