Morris College
Sumter South Carolina

REQUEST FOR LEAVE

(Submit to immediate supervisor at least seven working days prior to the first day of anticipated absence.)

Name of Employee: _____

Administrative Unit: _____

Check one: _____ I request approval to be absent from the campus.

_____ I submit official notice that I have been absent from the campus.

Absence Begin or Will Begin (Month, Dates, Year, Time): _____

Absence Ended or Will End (Month, Dates, Year, Time): _____

Check below the type of absence for which you are requesting approval or are submitting official notice:

____ Annual Leave (with pay)
____ Sick Leave (with pay)
____ Personal Leave (with pay)
____ Funeral Leave (with pay)
____ Civil Leave (with pay)

BALANCE
(For Personnel Office Use)
_____ Day(s)
_____ Day(s)
_____ Hour(s)
_____ Hour(s)

____ Military Leave (with pay reduced by amount of military payment)
____ Leave of Absence (without pay)
____ Maternity Leave (without pay)
____ Educational Leave (without pay)

Total number of workdays _____ (or work hours _____) to be charged against your leave record or payroll record.

If your absence is for Educational Leave, indicate the specific purpose of the Educational Leave:

_____

_____

Name, address, and telephone or cell phone number where you may be contacted while away from the campus:

_____

_____

Signature of Employee: _____ Date: _____

APPROVED:

Immediate Supervisor (s): _____

Administrative Divisional Officer: _____

Human Resources Office: _____