

COLUMBUS STATE

COMMUNITY COLLEGE

Leave Request

(USE ONE FORM FOR EACH TYPE OF LEAVE)

Employee Reporting Absence is:

*Employee's Name _____

*Employee's Cougar ID Number _____

Leave requests should be submitted to your manager as far in advance as possible and your manager should approve/deny requests prior to the date for which leave is requested when possible. All leave will be charged to any accumulated balance available in the appropriate category, using 15 minute (.25) increments. Your accumulated leave must be sufficient to cover the amount of time requested. Sick leave shall not be used for any other purposes.

Is this FML-Related? Yes ___ No ___ If yes, Email form to FML@CSCC.EDU

Sick

(If Adjunct Faculty specify contact hours missed)

(For Payroll Use Only)

Day: Date: _____ From/To: _____ Hour(s): _____

Time available _____

Day: Date: _____ From/To: _____ Hour(s): _____

Time to be deducted _____

Day: Date: _____ From/To: _____ Hour(s): _____

Total amount deducted _____

Day: Date: _____ From/To: _____ Hour(s): _____

Day: Date: _____ From/To: _____ Hour(s): _____ Total Hour(s): _____

Vacation

Is this FML-Related? Yes ___ No ___ If yes, Email form to FML@CSCC.EDU

(For Payroll Use Only)

Day: Date: _____ From/To: _____ Hour(s): _____

Time available _____

Day: Date: _____ From/To: _____ Hour(s): _____

Time to be deducted _____

Day: Date: _____ From/To: _____ Hour(s): _____

Total amount deducted _____

Day: Date: _____ From/To: _____ Hour(s): _____

Day: Date: _____ From/To: _____ Hour(s): _____ Total Hour(s): _____

Personal Business Leave (for Faculty only)

(For Payroll Use Only)

Day: Date: _____ From/To: _____ Hour(s): _____

Time available _____

Day: Date: _____ From/To: _____ Hour(s): _____

Time to be deducted _____

Total amount deducted _____

Total Hour(s): _____

24/7 Holiday Leave (for Police only)

(For Payroll Use Only)

Day: Date: _____ From/To: _____ Hour(s): _____

Time available _____

Day: Date: _____ From/To: _____ Hour(s): _____

Time to be deducted _____

Total amount deducted _____

Total Hour(s): _____

Flex Time (for Facilities only)

(For Payroll Use Only)

Day: Date: _____ From/To: _____ Hour(s): _____

Time available _____

Day: Date: _____ From/To: _____ Hour(s): _____

Time to be deducted _____

Total amount deducted _____

Total Hour(s): _____

Military Duty (attach a copy of orders)

Start Date: _____ Total Hours: _____

Return Date: _____

Jury/Civic Duty (attach a copy of notice)

Start Date: _____ Total Hours: _____

Return Date: _____

Employee Signature

Date

Approved _____ Not Approved _____

Payroll Use Only: _____

Manager Signature

Date

Comments:

**EMPLOYEES: EMAIL NON-FML REQUESTS TO YOUR SUPERVISOR.
SUPERVISORS: EMAIL APPROVED NON-FML FORMS FOR EXEMPT/SALARY/FACULTY/ADJUNCTS ONLY TO
PAYROLL AT LEAVEREQUEST@CSCC.EDU.**