



COMMUNITY COLLEGE
system of New Hampshire

**APPLICATION
FOR LEAVE**

Name (Please Print) _____

Employee ID or SSN (Enter only last 4 digits of SSN) XXX-XX-_____

CCSNH Institution: _____

TYPE OF LEAVE	BEGINNING		ENDING		TOTAL HOURS
	DATE	TIME	DATE	TIME	
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

TYPE OF LEAVE:	ADMN - Administrative Leave	CMPT - Compensatory Time	SICB - Sick Bereavement
	VAC - Annual Leave	MLTR - Military Leave*	SICD - Sick Dependent
	FYPD - FY Personal Day	LWOP - Leave Without Pay	SICE - Sick Employee
	BNSL - Bonus Leave	FMLA - Family & Medical Leave*	SICP - Sick Personal Leave
	CIVL - Jury Duty/Civil Leave*	(*Requires appropriate documentation)	

Sick Leave: Please indicate the reason for the sick leave request below.

Personal illness or injury

Serious health condition as defined by the FMLA

Dependent Care

Medical/Dental appointment

Bereavement Leave

Personal Leave

Donation of Sick Leave to: _____
Print Name of Employee to Receive Sick Leave

Certification: I hereby request leave/approved absence from duty as indicated above and certify that such leave/absence is requested for the purpose(s) indicated. I understand that I must comply with the procedures for requesting and utilizing leave, and provide supporting documentation, if required. Falsification of this Application for Leave or supporting documentation may be grounds for disciplinary action, up to and including dismissal.

Employee Signature: _____ **Date:** _____

RESPONSE TO EMPLOYEE REQUESTING LEAVE:

Recommended

Not Recommended

Approved

Not Approved

Unauthorized

_____ Immediate Supervisor Date

_____ Administrator Authorized to Approve Leave Date

Reason for Non-Approval: _____
