



Western Iowa Tech
Community College

REQUEST AND AUTHORIZATION FOR LEAVE

Name _____ Today's Date _____

Employee ID# _____ Division/Department _____

I hereby request the following absence from work:

_____ Hours beginning _____ at _____ and ending _____ at _____.

This request is to be charged against the following leave:

- Vacation (1/2 day increments)
- Sick Leave (1/2 hour increments)
 - Doctor/Dentist Appointment
 - Family Sick Leave (see below)
- Personal Leave (1/2 day increments)
- Bereavement Leave (see below)
- Military Leave (attach orders)
- Jury Duty (attach court notice)
- Emergency Leave - Explain _____
- Leave Without Pay - Explain _____
- Other - Explain _____

Will a substitute be required? Yes No

If yes, provide name of substitute: _____

Bereavement: _____
Relationship of deceased Location of funeral

Family Sick Leave: _____
Relationship

Approved Disapproved

Employee Signature Date

Supervisor Date

Reason for Disapproval _____

Approved Disapproved

Dean / Vice President / President Date

Reason for Disapproval _____

Approved Disapproved

Human Resources Date

Reason for Disapproval _____