



Chaffey College

Human Resources

REQUEST FOR PAID LEAVE

It is the employee's responsibility to confirm available leave balance prior to submission of this form to the supervisor.

Name: _____ Date: _____

Department: _____ Employee ID: _____

I request (please check appropriate box). *Note: personal business, compensatory leave and floating holiday apply to CSEA and Confidential only.*

- (Pre-approval not required for PN) Personal necessity _____ Hours
 Vacation _____ Hours
 Personal business _____ Hours
 Compensatory leave _____ Hours
 Floating holiday **1 Day** (One day accrued annually on 7/1 if employee is non-probationary)

for the following days:

	<i>Beginning</i>	<i>Ending</i>	<i>Return to Work</i>	<i>Total Hours</i>
Day/Date:	_____	_____	_____	_____
	_____	_____	_____	_____

Employee Signature _____ *Date*

Supervising Manager's Determination:

Note: Supervisors with employees under the CSEA Agreement shall respond to the request for paid leave within five working days of the written request.

Date request received: _____

To: _____ (Employee)

From: _____ (Supervising Manager)

Re: Request for Leave _____

The leave requested above is approved.

The leave requested above is not approved.

Comments: _____

Supervisor Signature _____ *Date*