

## LINDSEY HOPKINS TECHNICAL COLLEGE EMPLOYEE LEAVE REQUEST FORM



Employee Name	Employee Number	Today's Date
Date(s) Requested		
Type of Request:		
* Permission to see a pl (Maximum request 2 over 2 hours = ½ da		/
Permission to arrive la:  (Maximum request 2  over 2 hours = ½ day)		
•	Anticipated Arr	rival Time
Permission to depart ea (Maximum request 2 over 2 hours = ½ day)		
	Desired Depa	arture Time
Vacation Time (reques arranged).	st 5 working days in advance so appropriate	coverage may be
Other		
*Physician's verification is	requested upon return to work.	
Employee's Signa	sture Supervisor	r's Initials
To b	pe completed by Principal/Designed	e:
$\Box$ A	pproved	ied
Principa	al's Signature D	Pate