



PIEDMONT COLLEGE

P. O. Box 10 Demorest, Georgia 30535

LEAVE REQUEST / REPORT FORM

Your Name _____

VACATION LEAVE

Enter range 00/00 - 00/00 or individual dates if non-consecutive

Hours Used _____

SICK LEAVE

Enter range 00/00 - 00/00 or individual dates if non-consecutive

Hours Used _____

SIGNATURES



Employee Signature: _____

Date: _____

Supervisor Approval: _____

Date: _____