**VACATION AND PERSONAL LEAVE REQUEST**

***FORM TO REQUEST LEAVE FROM WORK FOR PURPOSES OTHER THAN AN LMC-SPONSORED TRIP***

Employees desiring leave from work will complete the following information, first sign the form, and submit this form, well in advance of departure time, nest to the IMMEDIATE SUPERVISOR who will sign and forward the form to OTHER APPRORIATE AUTHORITIES; the form will be filed in the Business Manager’s Office. Refer to Staff/Faculty Handbook for regulations.

Date:       Emergency Telephone # (optional)

Employee:       Days absent:     from:       to:

If partial day, number of hours:

The employee named above requests permission for leave from work as described below:

**CHECK THE REASON FOR THIS LEAVE REQUEST:**

Vacation  School Business

Bereavement leave (immediate family only)  Military (attach documentation)

Jury/Subpoena (attach documentation)  Personal Leave

FMLA

COMMENTS:

(EMPLOYEE) (IMMEDIATE SUPERVISOR)

(VICE-PRESIDENT OR ADMINISTRATOR)

**Request is:**  **Approved**

**Denied; Reason:**