
**SOUTHWESTERN COMMUNITY COLLEGE DISTRICT
CLASSIFIED & CONFIDENTIAL EMPLOYEE APPLICATION FOR PERSONAL
LEAVE OF ABSENCE WITHOUT PAY**

I request a personal leave of absence without pay as follows:

_____ working days and/or _____ working hours from _____ through _____.

Reason for absence _____

I certify that I do not have any applicable/available paid leave accruals.

_____	_____	_____	_____
Print Name	Signature	Date	Employee ID No.

_____	_____
Administrator /Supervisor	Date

_____	_____
Vice President of Division	Date

_____	_____
Director of Human Resources	Date

The above request is approved. The appropriate payroll deduction for this absence will be made from your payroll check on _____.