



SOUTHWESTERN COMMUNITY COLLEGE DISTRICT
CLASSIFIED 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 _____ to _____ .

Reason for absence: _____ .

Complete this form and submit all copies to your supervisor for approval.

Print Name

Signature

Date

Employee ID No.

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

Administrator/Supervisor

Date

Cognizant Vice President

Date

Director of Human Resources

Date