



LEAVE REQUEST FORM

Employee _____ Date: _____

COCC ID # _____

Department _____

Dates/Hours Requested _____

Type of Leave:

REMINDER: EMPLOYEES MAY NOT UTILIZE VACATION LEAVE DURING THE FIRST SIX MONTHS OF EMPLOYMENT.

If "vacation" time is requested within the first 6 months, the approved time off must be applied as 'Leave Without Pay'.

Vacation Comp time Leave Without Pay Bereavement* Emergency Leave

Personal Leave (Faculty requests require VPI approval) Religious Observance

Sick Leave For: Self or Family (relationship _____)

* If Bereavement Leave is requested, please also complete the Bereavement Leave Request form

Employee Signature: _____ Date _____

Supervisor's Signature: _____ Date _____

VPI Signature: _____ Date _____

INSTRUCTIONS:

1. All leave requests must be **APPROVED** before the leave is taken.
2. The employee and Supervisor each keep a **COPY** of the approved request.
3. The **SUPERVISOR SENDS** the approved leave form to **Payroll** in Newberry Hall.
4. If the approved time is not taken, it is the employee's responsibility to submit a revised leave request form to the Supervisor for signature and forwarding to **Payroll**.
5. Classified staff must report approved leave on monthly time sheets.

Please print this form, fill out, sign and send to:

Payroll – Newberry Hall

2600 NW College Way

Bend, Oregon 97701-5998