

GREENSBORO COLLEGE ABSENCE APPROVAL FORM

EMPLOYEE'S NAME: _____ DEPARTMENT: _____

DATE(S) OF LEAVE: _____

WITH PAY _____ WITHOUT PAY _____

I AM REQUESTING A LEAVE OF ABSENCE WITH PAY, FOR THE DATES STATED ABOVE,
FOR THE FOLLOWING REASON(S):

- | | |
|--------------------------------|---|
| _____ BEREAVEMENT | _____ PERSONAL LEAVE |
| _____ HOLIDAY | _____ SICK LEAVE |
| _____ BIRTHDAY | _____ VACATION |
| _____ SHORT-TERM MILITARY TIME | _____ FAMILY MEDICAL
LEAVE ACT LEAVE |
| _____ JURY DUTY | |

I AM REQUESTING A LEAVE OF ABSENCE WITHOUT PAY, FOR THE DATES STATED
ABOVE, FOR THE FOLLOWING REASON(S):

(EMPLOYEE'S SIGNATURE)

(DATE)

(SUPERVISOR'S SIGNATURE)

(DATE)

****SUPERVISOR****

PLEASE RETAIN A COPY OF THIS FORM TO VERIFY ABSENCES WITH EMPLOYEE'S
TIMESHEET/CARD.