

Appalachian College of Pharmacy

Request for Leave

Name: _____

Date: _____

Leave Use Type:

V= Vacation S= Sick B= Bereavement LWOP =Leave Without Pay O = Other

P= Professional/Educational C= Compensatory CL= Civil Leave/Jury Duty ML= Military

Leave Type	Date (From – To)	Hours	Approved (Yes or No)	Supervisor Initials
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	-			
	-			
	-			
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Bereavement (must be a member of your immediate family, which for the purposes of this form is defined as parent, sibling, grandparent, spouse, child or grandchild):

*Provide name and relationship with deceased:

Other leave: Please explain. _____

Leave Type Earned:

C= Comp. OT= Overtime earned

Type Earned	Date Earned	Hours	Approved (Yes and No)	Supervisor Initials

Comments:

Employee Signature: _____

Supervisor Signature: _____ Date: _____