

CARIBBEAN NAZARENE COLLEGE
LEAVE REQUEST FORM

Name of Employee: _____ Position Title: _____

Employee I.D: _____ Department: _____

Leave Dates:

From: ____/____/____ to ____/____/____ for a total of ____ hours.
(Start Date) (End Date)

Reason for Leave: *(Attach supporting documents e.g. Doctor's Certificate, Conference details etc.)*

Casual Sick Study Vacation Conference Attendance

Bereavement Ministry Leave No pay leave

Other (Explain): _____

Employee's Signature

____/____/____
Date

Supervisor's Signature

____/____/____
Date

For HR Use Only

- Documents received: Yes No
- Approval notification sent: Yes No

○ Leave Summary:

- Bereavement Leave 3—2—1
- Casual Leave 7—6—5—4—3—2—1
- Sick Leave 14-13-12-11-10-9-8-7-6-5-4-3-2-1
-
- Vacation Leave 18-17-16-15-14-13-12-11-10-9-8-7-6-5-4-3-2-1

HR Signature
Revised August 2009; May 2013

____/____/____
Date

