

Hampden-Sydney College
LEAVE REQUEST FORM

DATE: _____

EMPLOYEE NAME: _____

I AM REQUESTING PAID (CHECK ONE)

VACATION LEAVE

SICK LEAVE

FAMILY SICK LEAVE

JURY DUTY

BEREAVEMENT LEAVE

FOR THE FOLLOWING DATE(S), PLEASE ENTER THIS INFORMATION INTO TIMEFORCE ON MY BEHALF:

DATE(S): _____

HOURS: _____

(PLEASE ENTER A RANGE, OR IF TAKING OFF ENTIRE DAY PLEASE SPECIFY 8 OR 7.5 HOURS)

Employee Signature: _____

Date received by Supervisor: _____

Supervisor's Signature: _____

I (SUPERVISOR) HAVE MADE THE ABOVE CHANGES IN TIMEFORCE YES NO