

# Volunteer State Community College Leave Request Authorization Form

Employee Name \_\_\_\_\_ Banner ID \_\_\_\_\_

Reporting Period \_\_\_\_\_ through \_\_\_\_\_ Department \_\_\_\_\_

Month	Day	Annual Leave Hours Taken	Sick Leave Hours Taken	Comp Hours Taken (Non Exempt Only)	* Leave Without Pay Hours Taken	Check if hours taken are for FMLA purposes	* Bereavement Hours Taken	* Jury Duty Hours Taken	* Other Paid or Military Leave	
Total Hours										

\* Leave w/o Pay requires justification.  
 \*Bereavement Leave requires Family Relationship.  
 \*Jury Duty requires copy of subpoena.  
 \*Other Paid Leave requires explanation.  
 \*Military Leave requires copy of orders.

### Certification & Authorization

I certify the above hours were taken in accordance with TBR & VSCC policies and guidelines. I understand any leave taken exceeding that accumulated will be leave without pay.

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

Approving Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_

***This form is for optional use by departments. It is not needed if your department tracks leave by an alternate method. Leave used should be entered on electronic leave reports for Payroll purposes.***