

# Sandhills Community College

## Vacation / Sick Leave Request – Staff

Name \_\_\_\_\_

Date \_\_\_\_\_

<b><u>Request for:</u></b>	<b><u>Actual Date(s) of Leave</u></b>	<b><u>Total Hours of Leave</u></b>	<b><u>Paid</u></b>	<b><u>Unpaid</u></b>
Sick Leave (Self)	_____	_____	_____	_____
Sick Leave (Family)	_____	_____	_____	_____
Vacation Leave	_____	_____	_____	_____
Bonus Days	_____	_____	_____	_____

Employee \_\_\_\_\_  
(Signature)

Vice President \_\_\_\_\_  
(Signature)

Approved by \_\_\_\_\_  
(Signature)

Payroll Action By \_\_\_\_\_  
(Signature)