ASA COLLEGE

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PT & FTE LEAVE REQUEST FORM
NEW YORK EMPLOYEE

Employee's Name	Employe ID#:	Request Date:
Job Title:	Department:	

Reason for Leave:

- ❑ Illness
- ❑ Jury Duty
- ❑ Family Illness (name): _____
- ❑ Family Death (relation): _____
- ❑ Other (explain) :

Leave Requested:

FROM
Date: _____ **Time:** _____ **a.m.** ❑ **p.m.** ❑

Total number of hours requested: _____

RETURN
Date: _____ **Time:** _____ **a.m.** ❑ **p.m.** ❑

Total number of days requested: _____

Regular Work Shift: _____ ❑ Called to Report Sick

Employee Signature:_____ **Date:** _____

Human Resources Verification

Total _____ Sick Hours available as of _____

Verified by _____

Request Approval

This leave to be approved: ❑ **With Pay** ❑ **Without Pay**

Approved By:_____ **Title:** _____

Signature: _____ **Date**: _____