



Lake Sumter State College

Leave Request Departmental Use Only

(Do not submit this form to Payroll/Benefits Dept.)

Name: _____ Date: _____

Check the type of leave requested:

- | | |
|----------------------|------------------------|
| _____ Sick Leave | _____ Family Med Leave |
| _____ Vacation Leave | _____ Non-Duty Day |
| _____ Personal Leave | _____ Jury Duty |
| _____ Leave w/o Pay | _____ Worker's Comp. |

Leave taken:

From _____ To _____
Date Time Date Time

Total hours requested (rounded to the nearest quarter hour): _____

Employee *Date* *Supervisor* *Date*