

# KENAI PENINSULA COLLEGE

## LEAVE REQUEST

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Name \_\_\_\_\_ Dept. \_\_\_\_\_ Date \_\_\_\_\_

Date(s) of Absence:

550 Sick Leave \_\_\_\_\_ Hours Days 420 Personal Holiday \_\_\_\_\_ Hours Days

500 Annual Leave \_\_\_\_\_ Hours Days 440 Jury Duty \_\_\_\_\_ Hours Days

450 Military Leave \_\_\_\_\_ Hours Days \_\_\_\_\_ Other \_\_\_\_\_ Hours Days

651 Leave w/o Pay \_\_\_\_\_ Hours Days

\_\_\_\_\_  
*Specify - Other*

Comments/Explanation:

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**Employee Signature**

APPROVED

DISAPPROVED

Comments:

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**Supervisor Signature**

**Date**