

Payroll Entry Date _____

ALABAMA SOUTHERN COMMUNITY COLLEGE

Name _____ Date _____

Date(s) Requested _____ Number of Hours _____

Time Period Requested

Beginning Time _____ Ending Time _____

Type of Leave Requested

Sick _____ Personal _____ Annual _____

_____ Emergency _____ Compensatory _____ Military _____ Professional Development

1. "D" Salary schedule personnel (9month, 1 Day) = 7 Hours. All other personnel (12 month, 1 Day) = 8 Hours as assigned.

2. Annual and Personal leave must be requested at least 24 hours prior to absence.

3. Except for scheduled appointments, sick leave should be requested after the fact on the day returning to work.

Explain how your classes will be covered: _____

Employee Signature

To Be Completed by the Supervisor and Administrative Office

I certify that all necessary arrangements to cover my position during the absence have been made.

Division Chair (If Applicable)

Supervisor

I certify the individual has earned the time leave requested.

Business Office

Provost/Center Director