



Sisseton Wahpeton College

Leave Request

NAME:

DATE:

DEPT:

TYPE OF LEAVE

ANNUAL LEAVE: hrs.

SICK LEAVE: hrs

COMP TIME: hrs.

EDUCATION LEAVE: hrs.

ADMIN. LEAVE: hrs.

OTHER: hrs.

REASON

TOTAL HOURS REQUESTED:

BEGINNING TIME & DATE:

ENDING TIME & DATE:

SICK LEAVE IN EXCESS OF 3 DAYS MUST BE

SUPPORTED BY A PHYSICIAN'S STATEMENT. _____

APPROVED: DISAPPROVED:

EMPLOYEE SIGNATURE: _____

SUPERVISOR APPROVAL: _____