

**MCDOWELL TECHNICAL COMMUNITY COLLEGE**

**SICK LEAVE USED FORM / VACATION REQUEST FORM**

**PLEASE LEAVE FORM INTACT AND COMPLETE APPROPRIATE SECTION.**

**Please process a different form for each month.**

**EMPLOYEE NAME:** \_\_\_\_\_

**SICK LEAVE SECTION**

TODAY'S DATE \_\_\_\_\_

Date or Dates used: \_\_\_\_\_

Total hours used: \_\_\_\_\_

\_\_\_\_\_ Print and Sign Name

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**VACATION LEAVE REQUEST SECTION**

TODAY'S DATE \_\_\_\_\_

Date or Dates used: \_\_\_\_\_

Total hours used: \_\_\_\_\_

\_\_\_\_\_ Print and Sign Name

\*\* I WAS SICK BUT CHOOSE THE OPTION TO USE VACATION LEAVE INSTEAD OF SICK LEAVE FOR THE ABOVE. \_\_\_\_\_ Initial

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**APPROVAL/ACKNOWLEDGEMENT REQUIRED.**

**FACULTY:**

SUPERVISOR/COORDINATOR/DIRECTOR: \_\_\_\_\_

DEAN (if applicable): \_\_\_\_\_

VP FOR LEARNING: \_\_\_\_\_

**STAFF:**

SUPERVISOR/COORDINATOR/DIRECTOR: \_\_\_\_\_

DEAN/VP (if applic.): \_\_\_\_\_

PRESIDENT (if applic.): \_\_\_\_\_ **required ONLY for those that report directly to the President's Office.**

**After appropriate approval signatures please submit to President's office immediately following use of leave for processing.**

OFFICE USE ONLY

Employee # \_\_\_\_\_

TRANSACTION NO. \_\_\_\_\_

DATE \_\_\_\_\_

TRANSACTION NO. \_\_\_\_\_

DATE \_\_\_\_\_