## Coahoma Community College



## Agricultural High School

## **APPLICATION FOR LEAVE**

Department    Comparison   Comp				SSN				Name
DOW DATE ANNUAL MEDICAL ADMINISTRATIVE COMPTIME OTHER Sun Mon Tue Wed Thu Fri Sat TOTAL  ARKS:  E: If you take leave, please complete and forward to Human Resource Office by wing week. If you do not take leave, DO NOT turn in leave form.  Gnature-Employee  Date  TO BE COMPLETED BY DEPARTMENT HEAD OR SUPERVISOR				Shift				Department
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☐ APPROVED ☐ DISAPPROVED								•