

# Coahoma Community College & Agricultural High School

## APPLICATION FOR LEAVE

<b>Name</b>		<b>SSN</b>					
<b>Department</b>		<b>Shift</b>					
<b>LEAVE TAKEN IN HOURS</b>							
<b>DOW</b>	<b>DATE</b>	<b>ANNUAL</b>	<b>MEDICAL</b>	<b>ADMINISTRATIVE</b>	<b>COMP TIME</b>	<b>OTHER</b>	<b>COMMENTS</b>
Sun							
Mon							
Tue							
Wed							
Thu							
Fri							
Sat							
<b>TOTAL</b>							

REMARKS: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**NOTE:** *If you take leave, please complete and forward to Human Resource Office by the first working day of the following week. If you do not take leave, DO NOT turn in leave form.*

<b>Signature-Employee</b>		<b>Date</b>	
<b>TO BE COMPLETED BY DEPARTMENT HEAD OR SUPERVISOR</b>			
<b>Signature-Department Head</b>		<b>Date</b>	
<input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED			