

Coconino Community College Non-Faculty Leave Request Form

To be completed by all employees requesting leave.
Submit the Leave Request Form to the appropriate supervisor for approval.

Employee Name: _____ Comet ID#: _____

Dates of Absence: _____ Remarks: _____

Refer to Personnel Policies and Procedures regarding all leave noted below.

Please input leave time and DO NOT mark an "x" in the box by the leave.

Upon supervisor approval, drop off to Payroll or email to:

Payroll@coconino.edu and cc the employee requesting leave

Paid Time Off (PTO)		Sick Leave Reserve (SLR)		Sick Leave (SIK)	
Comp. Time (non-exempt)		Bereavement Leave		Jury Duty	
Military Leave		FMLA Sick		FMLA PTO	
Community Leave					
Grand total :					

Contact during absence (phone and/or email): _____

Employee's Signature: _____ Date: _____

Supervisor's Signature: _____ Date: _____