ASA COLLEGE

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PT & FTE LEAVE REQUEST FORM
NEW YORK EMPLOYEE

Employee's Name	Employe ID#:	Request Date:
Job Title:	Department:	

Reason for Leave:

- ☐ Illness
- ☐ Jury Duty
- ☐ Family Illness (name): _____
- ☐ Other (explain) :

Leave Requested:

FROM **Date**: _____ **Time:** _____ **a.m.** ☐ **p.m.** ☐ **Total number of hours requested**: _____

RETURN **Date**: _____ **Time:** _____ **a.m.** ☐ **p.m.** ☐ **Total number of days requested**: _____

Regular Work Shift: _____ ☐ Called to Report Sick

Employee Signature:_____ **Date:** _____

Human Resources Verification

Total _____ Sick Hours available as of _____

Verified by _____

Request Approval

This leave to be approved: ☐ **With Pay** ☐ **Without Pay**

Approved By:_____ **Title:** _____

Signature: _____ **Date**: _____