

**LAGUARDIA COMMUNITY COLLEGE**

**ADVANCE APPROVAL OF LEAVE**

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

**TITLE:** \_\_\_\_\_ **DEPARTMENT:** \_\_\_\_\_

**TYPE OF LEAVE AND DATE REQUESTED:**

**ANNUAL LEAVE:** \_\_\_\_\_

**SICK LEAVE:** \_\_\_\_\_

**UNSCHEDULED:** \_\_\_\_\_

**EMPLOYEE SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**APPROVED:** \_\_\_\_\_ **DISAPPROVED:** \_\_\_\_\_

**SUPERVISOR SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_