



# LaGUARDIA COMMUNITY COLLEGE

31-10 Thomson Avenue - Long Island City, NY 11101- Telephone (718) 482-7200

## ADVANCE APPROVAL OF LEAVE

Employee Name: \_\_\_\_\_

Title: \_\_\_\_\_

Department: \_\_\_\_\_

---

### TYPE OF LEAVE AND DATES REQUESTED

**Annual Leave:** From \_\_\_\_\_ To \_\_\_\_\_

**Sick Leave:** From \_\_\_\_\_ To \_\_\_\_\_

**Unscheduled Leave:** From \_\_\_\_\_ To \_\_\_\_\_

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

---

### SUPERVISOR APPROVAL

**Approved**

**Denied**

Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_

Supervisor Name \_\_\_\_\_