Horry-Georgetown Technical College
Leave Request Form

Name: ___________________________________________________________

Normal Working Hours: Monday – Thursday: __________ to __________
Friday: __________ to __________

Type of Leave Requested:

□ Faculty Non-Work Day Bank
□ Sick Leave – Personal
□ Sick Leave – Family (indicate relationship in remarks)
□ Personal Leave (Administrative Day only)
□ Substitution (indicate which FNWD subbing for Work day)
□ Other ________________________________

□ Funeral Leave (indicate relationship in remarks)
□ Court Leave (attach a copy of summons)
□ Military Leave (attach a copy of orders)
□ Election Leave
□ Leave Without Pay (attach a copy of approval)

Date Time Total Hours Taken
______________________________________________________________
______________________________________________________________
______________________________________________________________
______________________________________________________________
______________________________________________________________

Total: __________________________

Remarks:

________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________

Request for Annual Leave, Leave Without Pay, Funeral Leave, Court Leave, Military Leave, Election Leave, Administrative Day (Personal Leave), and Faculty Non-Work Day Bank should be submitted to the individual’s supervisor prior to taking leave. Sick Leave requests (Personal and/or Family) shall be submitted on the first day returned to work. Sick Leave requests in excess of 5 days will require certification from a health care provider.

Employee ________________________________________________ Date _______

Immediate Supervisor __________________________________________ Date _______

VP or AVP ____________________________________________________________________ Date _______

Received (Human Resources) __________________________________________________________ Date _______

White Copy – Human Resources Department Yellow Copy - Employee