Reset Form

CABRINI COLLEGE DEPARTMENTAL LEAVE REQUEST

Employee Name: _____

Department: _____

Requested Dates: _____

_____

_____

Time to be Charged **Select One** ☐ Vacation ☐ Sick* ☐ Personal

_____

Employee Signature Date

_____

Supervisor's Signature Date

(circle one) LEAVE APPROVED LEAVE DENIED

* Sick time may be used for time away from work for medical and dental appointments, **if those appointments cannot be scheduled during non-work hours**. Sick days may also be used to care for immediate family members (mother, father, sister, brother, spouse or dependent child) who are ill. Please refer to your Personnel Policy Manual for other related issues.