

**Fort Berthold Community College
P. O. Box 490
New Town, ND 58763**

LEAVE REQUEST FORM

Name		Date	
Address		Department	

NUMBER OF DAYS REQUESTED

NUMBER OF HOURS REQUESTED

Begin Date		End Date	
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Current Leave Balance	
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TYPE OF LEAVE	HOURS
Personal	
Administrative <small>(Presidential Approval Required)</small>	
Bereavement <small>(Presidential Approval Required)</small>	
Leave Without Pay	
Donated Leave <small>(Presidential Approval Required)</small>	
Leave Donated From:	
Leave Balance of Donatee:	

COMMENTS

Employee's Signature: _____

Date: _____

Supervisor's Signature: _____

Date: _____

President's Signature (if required): _____

Date: _____

Approved: _____

Disapproved: _____