



LEAVE FORM

Employee _____ Position _____

Date(s) of Absence _____

Reason for Absence: _____

Mark appropriate reason for leave (leave balances are available on BANNER)

_____ Medical – **FILE WITHIN TWO WORKING DAYS OF THE LAST DAY OF ABSENCE**
(you earn 10 hours per month)

_____ Personal (2 days may be used for personal use)

_____ Annual/Vacation (applies to 12 month employees only) – **FILE SEVEN DAYS IN ADVANCE OF ABSENCE** (you earn 7 hours per month)

Administrative/Professional Leave, (ALL out-of-state travel must go before the Board) You MUST complete the following: Please provide any pertinent information needed for determining approval for leave.

Location: _____

_____ Administrative/Professional – **FILE SEVEN DAYS IN ADVANCE OF ABSENCE**

_____ Yes, a vehicle is needed for travel (**Must complete vehicle reservation form**)

_____ No vehicle is needed

Employee _____ Date Filed _____

Director / Supervisor / Division Chair _____ Date Received _____

Associate Vice President / Vice President _____ Date Received _____

President _____ Date Received _____

Mississippi Delta Community College does not discriminate on the basis of race, color, national origin, sex, disability, or age in its programs and activities. The following person has been designated to handle inquiries regarding the non-discrimination policies: The Associate VP for Institutional Effectiveness, Boggs-Scroggins Student Services Center, P.O. Box 668, Moorhead, MS 38761, 662-246-6558.