

**TEXAS COLLEGE  
EMPLOYEE LEAVE FORM**

(1) EMPLOYEE \_\_\_\_\_ (2) DATE \_\_\_\_\_  
Print or Type Name

(3) SOCIAL SECURITY # \_\_\_\_\_ On File (4) DEPARTMENT \_\_\_\_\_

**(5) PERIOD ABSENT**

DATE(S): FROM \_\_\_\_\_ TO \_\_\_\_\_

TIME: FROM \_\_\_\_\_ TO \_\_\_\_\_

TOTAL NUMBER OF HRS: \_\_\_\_\_

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**(6) REASON FOR LEAVE**

_____ Vacation	_____ Military	_____ Leave Without Pay
_____ Sick	_____ Educational Leave	_____ College Business
_____ Bereavement *	_____ Maternity	
_____ Jury Duty **	_____ FMLA Leave	

*\* Please indicate relationship below*

*\*\* Attach copy of summons*

**Explanation, if necessary.**

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**(7) SIGNATURE**

**DATE**

EMPLOYEE	_____	_____
SUPERVISOR	_____	_____
VICE PRESIDENT	_____	_____
PRESIDENT	_____	_____
HUMAN RESOURCES	_____	_____