



LaGUARDIA COMMUNITY COLLEGE

31-10 Thomson Avenue - Long Island City, NY 11101- Telephone (718) 482-7200

REQUEST FOR ANNUAL LEAVE

Please return approved request to Human Resources

Employee Name: _____

Department: _____

Signature _____ Title: _____

I am requesting annual leave for the following period(s):

_____	_____
_____	_____
_____	_____

Request Approved

Request Denied

If denied, please explain reason and alternate dates available

Office Head/Supervisor Signature _____

Print Name _____ Date _____

Vice President Approval for Denied Request for Annual Leave

Date request was received: _____

Action taken: _____

Signature _____

Print Name: _____ Date _____