



FIORIELLO H. LAGUARDIA COMMUNITY COLLEGE
THE CITY UNIVERSITY OF NEW YORK

REQUEST FOR ANNUAL LEAVE

PLEASE RETURN APPROVED REQUEST TO HUMAN RESOURCES

EMPLOYEE NAME _____ TITLE/DEPT _____
Print Name

EMPLOYEE SIGNATURE _____ DATE _____

I request annual leave for the following period(s):

Request _____ Approved

Request _____ Denied

(if denied, the reason and alternate dates provided)

Alternate dates

DATE _____ Office Head/Supervisor (print name and sign)

Vice President Approval for denied request for annual leave

Date of receipt of request _____

Action taken: _____

Date Name (print & sign) Title