



PRINCE WILLIAM SOUND COMMUNITY COLLEGE

P.O. Box 97 Valdez, AK 99686

Leave Authorization Form

EMPLOYEE NAME _____

EMPLOYEE ID NUMBER _____

DEPARTMENT _____

Leave requested will begin _____ a.m. p.m.

Month Day Hour

And end _____ a.m. p.m.

Month Day Hour

Enter type of leave below, number of hours of each type, to total the number of hours indicated above.

Annual Leave _____

Leave Without Pay _____

Maternity Leave _____

Military Leave _____

Jury Duty _____

Personal Holiday _____

Sick Leave _____

TOTAL _____

COMMENTS

Total **MUST** equal the amount indicated between the beginning and ending dates.

Employee's Signature _____ Date _____

Supervisor's Signature _____ Date _____

Payroll Receipt Signature _____ Date _____