

St. Mary's College of Maryland Leave Request Form

Name _____

Leave Codes	
170	Annual
180	Sick*
182	Bereavement
183	Advanced Sick
190	Holiday
200	Parental
300	Personal
420	Unpaid Leave
450	Administrative
600	Officers Release Time
601	Unit Release Time

Date(s) Absent	Leave Code	Hours Used
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

***REQUIRED: Physician's certificate for 5 or more consecutive sick leave days
days must be submitted to Human Resources.**

Employee Signature _____

Date _____

Supervisor Signature _____

Date _____

St. Mary's College of Maryland Leave Request Form

Name _____

Leave Codes	
170	Annual
180	Sick*
182	Bereavement
183	Advanced Sick
190	Holiday
200	Parental
300	Personal
420	Unpaid Leave
450	Administrative
600	Officers Release Time
601	Unit Release Time

Date(s) Absent	Leave Code	Hours Used
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

***REQUIRED: Physician's certificate for 5 or more consecutive sick leave days
days must be submitted to Human Resources.**

Employee Signature _____

Date _____

Supervisor Signature _____

Date _____