

**SALARIED STAFF**

**PAID LEAVE TIME REQUEST / REPORT FORM**

This form is to be used for requesting paid leave time (I.e. Sick, PTO time). Submit the completed form to your Supervisor with as much advance notice as possible to allow for review, approval, and time for any scheduling arrangements that may be necessary. Approved requests should be submitted to the Business Office by the Monday preceding the payday in which the approved leave time will be paid. Please refer to the Unity College Employee Handbook for an explanation of available leave options.

**Leave Type**

**Dates Required**

**Total Hours Off Requested**

**PTO**

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**Sick**

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**Funeral**

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**Bereavement**

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**Other**

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**Employee**

Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Supervisor**

Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_