

**SUNY SCHEENECTADY COUNTY COMMUNITY  
COLLEGE CIVIL SERVICE  
SUPPORT STAFF  
PERSONAL LEAVE NOTIFICATION**

DATE OF REQUEST \_\_\_\_\_

NAME \_\_\_\_\_

JOB TITLE \_\_\_\_\_

DEPARTMENT \_\_\_\_\_

DATE(S) FOR WHICH PERSONAL LEAVE IS REQUESTED:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

COMMENTS: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
*Signature of Employee*

\_\_\_\_\_  
*Signature of Supervisor*

\_\_\_\_\_  
*Signature of Supervising Dean*

Completed copies: Originator: white Personnel: yellow Payroll: pink

Note:

*Article XIII - Section 2-A- Sick Leave Policy: Five (5) of such days may be used for personal business. The twenty-four hour notice for personal leave shall continue, but personal leave may be granted in an emergency with the department head's approval.*