



Shawnee Community College

Personal/Funeral Leave Approval Form

TO: Dr. Larry Peterson, President

FROM: _____

DATE: _____

RE: Request for Personal or Funeral Leave

I request: _____ Personal Leave Date(s) _____
 _____ Funeral Leave Date(s) _____

SIGNATURES FOR APPROVAL

Employee: _____ Date: _____

Supervisor/Divisional Chair: _____ Date: _____

Vice President/Business Manager: _____ Date: _____

President: _____ Date: _____

