

BRISTOL COMMUNITY COLLEGE
Fall River, Massachusetts 02720

LEAVE REQUEST FORM

Fiscal Year _____

Admin (non-unit) Classified/Confidential Faculty Professional (unit)

Name: _____ Personal Vacation FMLA

Emergency phone number: _____ Total days/hours: _____

Date(s) of Absence: From: _____ To: _____

From: _____ To: _____

Professional Leave Activity

Date(s) of Absence: From: _____ To: _____

Destination: _____

Phone No.: _____

Reason for Travel: _____

Estimated Cost: _____

Cost Center Manager's Signature

Account No: _____

Employee Signature: _____ Date: _____

Supervisor's Signature: _____ Date: _____

NOTE:

1. Maximum vacation accrual is 64 days.
2. Sick and vacation time must be used in ½ hour minimum intervals per union contract.
3. Vacation days beyond accrual limits will be converted to Sick Leave.
4. Personal days do not carry over from one year to the next.