



**NORTHERN OKLAHOMA COLLEGE  
MEDICAL, PERSONAL, BEREAVEMENT  
LEAVE FORM**

For SICK LEAVE, this form must be completed by the date of your return. Illness or incapacity which extends beyond a brief period of work days may, at times, need certification from the physician. A physician's release to work form may be requested from you for documentation purposes.

For a PERSONAL LEAVE request, this form must be completed in advance.

If requesting BEREAVEMENT LEAVE, it must be approved by the President, according to NOC's policy.

When complete, please return this form to the Payroll Officer.

Name: \_\_\_\_\_ Position: \_\_\_\_\_

BEGINNING DATE OF ABSENCE: \_\_\_\_\_ LAST DATE OF ABSENCE: \_\_\_\_\_

TOTAL HOURS ABSENT: \_\_\_\_\_ (# OF HOURS)

REASONS FOR ABSENCE: (check one)

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MEDICAL LEAVE

☐

PERSONAL LEAVE

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BEREAVEMENT LEAVE - Please identify relation of deceased (i.e. mother, father, sister, etc.)

\_\_\_\_\_

EMPLOYEE'S SIGNATURE: \_\_\_\_\_

SUPERVISOR'S SIGNATURE: \_\_\_\_\_

VICE PRESIDENT OF CAMPUS SIGNATURE (IF APPLICABLE): \_\_\_\_\_

\*PRESIDENT'S APPROVAL (only required for BEREAVEMENT LEAVE): \_\_\_\_\_

**TO BE COMPLETED BY THE PAYROLL OFFICER:**

ACCRUED MEDICAL LEAVE: \_\_\_\_\_ HOURS AS OF: \_\_\_\_\_

BALANCE OF MEDICAL LEAVE AVAILABLE AFTER THE APPROVED LEAVE HAS BEEN TAKEN:

BALANCE: \_\_\_\_\_ HOURS AS OF: \_\_\_\_\_