



**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)

- MEDICAL LEAVE
- PERSONAL LEAVE
- BEREAVEMENTLEAVE – Please identify relation of deceased (i.e. mother, father, sister, etc.) _____

EMPLOYEE'S SIGNATURE: _____

SUPERVISOR'S SIGNATURE: _____

PRESIDENT'S APPROVAL (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: _____