

Advance on Annual Leave

Name of Employee: _____ Date: _____

I, (enter name of employee), request an advance on my annual leave for the following days and number of hours:

DATE	HOURS		DATE	HOURS		DATE	HOURS

Refer to the New College of Florida Employee Handbook, page 51, Advancing and Requesting Advancement on Annual Leave, for proper procedures.

I am requesting an advance on my annual leave for one of the following reason(s) (please check the appropriate boxes).

1. The closing of all or a portion of New College
2. Work shortage
3. Illness or injury (employee or immediate family)
4. Other _____

Please explain in detail the reason(s) for your leave advance request.
