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| BCC LOGO22 | | | | | | | | | | | | | | | | | | | | | | |
| **REQUEST FOR CHANGE IN LEAVE OF ABSENCE** | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| COPY OF ORIGINAL LEAVE REQUEST MUST BE ATTACHED | | | | | | | | | | | | | | | | | | | | | | | |
| **SUBMIT ORIGINAL TO: Human Resources RETAIN COPIES FOR: Requestor and Supervisor** | | | | | | | | | | | | | | | | | | | | | | | |
| Name: | |  | | | | | | | | | | | | | Date of Change: | | | |  | | | | |
| Department: | |  | | | | | | Ext. | | | |  | | | Original Date of Leave: | | | | |  | | | |
| B- Number: | |  | | | | | | | | | | | | |  | | | | | | | | |
|  | |  | | | | | | | | | | | | | | |  | | | |  | | |
| PLEASE MARK (X) ONE OF THE FOLLOWING REGARDING THE **ORIGINAL** TYPE OF LEAVE: | | | | | | | | | | | | | | | | | | | | | | | |
| Leave of Absent with Pay | | | | |  | | | | | | | | | | | | | | Leave of Absence Without Pay | | | | |
|  | | Vacation | | | | | | |  | | Line of Duty | | | | | | | |  | | Professional | | |
|  | | Sick | | | | | | |  | | Professional | | | | | | | |  | | Maternity | | |
|  | | Personal | | | | | | |  | | Jury Duty | | | | | | | |  | | Personal | | |
|  | | Worker’s Compensation | | | | | | | (Jury Summons and Jury Attendance Certification must be attached) | | | | | | | | | |  | | | | |
|  | | Military | | | | | | |  | | | | | | | | | |  | | | | |
| **TYPE OF CHANGE REQUESTED:** | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Type of leave from that noted above to | | | | | | |  | | | | | | | | | | | | | | | | |
| 1. Change dates from | | |  | | | | | | | | | | | | | through | | |  | | | | |
| to |  | | | | | | | | | | | | | | | through | | |  | | | | |
| Total work days from | | | |  | | | | | | | | | | | | to | |  | | | | | |
| C. Cancel leave (reason) | | | |  | | | | | | | | | | | | | | | | | | | |
| D. Change in reimbursement from | | | | | |  | | | | | | | | | | to | |  | | | | | |
|  | | | | | | | | | |  | | |  |  | | | | | | | |  | |
| REQUESTOR | | | | | | | | | | DATE | | |  | PROVOST | | | | | | | | DATE | |
| SUPERVISOR | | | | | | | | | | DATE | | |  | VICE PRESIDENT / ASSOCIATE VICE PRESIDENT | | | | | | | | DATE | |
| DEPARTMENT CHAIR/ DIRECTOR OR DEAN | | | | | | | | | | DATE | | |  | PRESIDENT | | | | | | | | DATE | |
| **EQUAL OPPORTUNITY EMPLOYER** | | | | | | | | | | | | | | | | | | | | | | | |