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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** |