[Your Name]

[Your Street Address]

[Your City, ST ZIP Code]

[Select Date From Drop Down]

Barton Community College

Attn: Dr. Carl Heilman, President

245 NE 30 Road

Great Bend, KS 67530

Dear Dr. Heilman:

I am requesting a leave of absence under the College’s Catastrophic Illness Leave of Absence procedure. The reason for my request is due to [Enter reason for absence here.] The leave period I am requesting is [Enter the beginning and ending dates of your absence period.] [Enter any additional information you would like to include here.] If I am able to return to work prior to the expiration of this requested period, I will do so.

Thank you for your consideration of this request.

Sincerely,

[Your Name]

[Your Title]

For President’s Office Use Only

|  |  |
| --- | --- |
| Leave is Approved | With Pay Using Any Accrued Leave Available to Employee  With Pay With Absence Paid for by the College  Without Pay |
| Leave is Disapproved | Disapproval Reason: |

For Human Resources Office Use Only

|  |  |
| --- | --- |
| If Approved, Copy of Letter Given to | Payroll  Health Insurance Plan Account Manager |

Approved 8/29/19