KINGSBOROUGH COMMUNITY COLLEGE OF THE CITY UNIVERSITY OF NEW YORK

REQUEST FOR ANNUAL LEAVE

Date Name RequestApprovedDenied (If denied, the reason should be provided) Alternate dates provided Date Supervisor	ring period(s):
RequestApprovedDenied (If denied, the reason should be provided) Alternate dates provided	
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Denied (If denied, the reason should be provided) Alternate dates provided	
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	should be provided)
Date Supervisor	
Date Supervisor	
	Supervisor
Senior Executive Level	
Date of receipt of request	
Action taken:	
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Date Gila Rohr	Gila Rohr
Distribution White Copy: Employee Canary Copy: Supervisor Pink Copy: Office of Human Resources	Resources

M7-6