

**Bridgewater State College
Administrators Leave Request Form
(APA and Excluded)**

Name of Employee:	Date:
Work Location:	

I hereby request approval of the following leave:

Personal Leave: May be taken in as small as ½ hour segments.	
<i>Number of Hours Requesting</i>	<i>Day(s), Date(s), and Time(s)</i>
Vacation Leave: May be taken in as small as ½ hour segments.	
<i>Number of Hours Requesting</i>	<i>Day(s), Date(s), and Time(s)</i>
Holiday Leave: Due for working on a legal Holiday/Suffolk County Holiday. Must be used within 60 calendar days from date of Holiday for APA; within one (1) year for excluded.	
<i>Date of Holiday Worked</i>	<i>Day and Date Requested in Lieu of Holiday</i>

Required Signatures	Date
<i>Employee:</i>	
<i>Immediate Supervisor:</i>	
<i>Director/Department Head:</i>	

This request must be submitted to your supervisor twenty-four (24) hours in advance and forwarded to the Human Resources Office with all required signatures in place.