

**Career Transitions  
Oklahoma City Community College  
Individual Leave Request**

Case Number: \_\_\_\_\_

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Date of Absence: \_\_\_\_\_ Total Hours Absent: \_\_\_\_\_

Reason for Absence: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Documentation Attached?    Yes        No

Describe what documentation is attached.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

CT Participant Signature \_\_\_\_\_

Review Date: \_\_\_\_\_ Approved        Denied

Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

CT Staff Signature \_\_\_\_\_

**This form is also located on the Career Transitions website at <http://www.occc.edu/career/>**