

**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/>