[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 General 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.]

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: |
|  |
| [ ]  Continuance of Health Insurance Premium for Up to 3 Months is Approved |
| [ ]  Continuance of Health Insurance Premium for up to 3 Months is Disapproved |

**For Human Resources Office Use Only**

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

Approved 8/29/19; 3/25/20 (temporary minor revision); 3/31/21 (temporary minor revision)