

Coahoma Community College

Approval of Leave of Absence

Date:

Dear

Your recent request for a leave of absence from _____ to _____ has been approved. If you need to extend your return date, another request in writing must be submitted before the approved return date; however, we cannot guarantee that your position can be held open for the extended time, although every effort will be made to place you in the first available open position which is nearly compatible to your present job. Failure to return to work on the date specified will be considered an automatic voluntary termination.

No vacation or sick time is accrued while you are on leave of absence, and holidays occurring during that period and it is your

responsibility to make payment to the Business Office (Payroll Officer) by the end of each pay period if your vacation or sick accruals have been exhausted. Failure to pay the premium will result in termination of the applicable insurance coverage. Life insurance remain in effect for the first 30 days only.

If you have any questions or if I can be of assistance, please call me, and remember to