

COAHOMA COMMUNITY COLLEGE  
AND AGRICULTURAL HIGH SCHOOL

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EMPLOYEE NAME \_\_\_\_\_ DATE \_\_\_\_\_

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DEPARTMENT \_\_\_\_\_

NUMBER OF DAYS TO DEDUCT \_\_\_\_\_

REASON(S)/COMMENT(S) \_\_\_\_\_

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

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\_\_\_\_\_  
SUPERVISOR

APPROVE

DISAPPROVE

\_\_\_\_\_  
BUSINESS MANAGER

APPROVE

DISAPPROVE

\_\_\_\_\_  
PRESIDENT

APPROVE

DISAPPROVE

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FOR HIGH SCHOOL USE ONLY

\_\_\_\_\_  
PRINCIPAL

APPROVE

DISAPPROVE

\_\_\_\_\_  
ASSISTANT SUPERINTENDENT

APPROVE

DISAPPROVE

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SUBMIT APPROVED FORM TO HUMAN RESOURCES