



Coconino Community College Community Leave Partner Request

(submit to HR when complete)

Organization Name:

Organization Address:

Organization Phone/Email:

Organization Contact:

Does the organization hold a 501-c3 non-profit tax status? Yes No

Briefly Describe what the organization does (Mission / Goals):

Submitted by: (Print Name & Job title)

Date Submitted to HR:

Received by HR:

Approved or Denied by HR (Reason why Denied to be included)