



REQUEST FOR LEAVE OF ABSENCE NO FUNDING REQUESTED

SUBMIT ORIGINAL TO: Human Resources

RETAIN COPIES FOR: Requestor and Supervisor

Name _____ Department _____

First Day Absent _____ 20____ Hour Starting _____ AM PM Campus _____ Ext. _____

Check one: S M T W R F S B # _____

Regular Hours _____

Last Day Absent _____ 20____ Hour Ending _____ a.m./p.m. (FacultyOnly) Overload Hrs _____

Check one: S M T W R F S Total Hours Absent _____

Type of Leave (See Operational Procedures Manual)

Leave of Absence with Pay

- Vacation
- Sick
- Personal
- Worker's Compensation
- Military*
- Line of Duty*
- Professional*
- Jury Duty (Jury Summons and Jury Attendance Certification must be attached)

Leave of Absence Without Pay

- Professional
- Maternity
- Personal

Remarks *Destination (if applicable) and reason for leave; multiple occupancy for travel, etc.

OUT-OF-STATE TRAVEL REQUIRES APPROVAL OF THE DISTRICT PRESIDENT

For Faculty (List classes and/or other activities requiring paid substitutes)

Regular Hours	Period(s)	Day(s)	Date(s)	Name of Substitute

Overload Hours	Period(s)	Day(s)	Date(s)	

REQUESTOR _____ DATE _____ PROVOST _____ DATE _____

SUPERVISOR _____ DATE _____ VICE PRESIDENT/ASSOCIATE VICE PRESIDENT _____ DATE _____

DEPARTMENT CHAIR/DIRECTOR OR DEAN _____ DATE _____ PRESIDENT _____ DATE _____

EQUAL OPPORTUNITY EMPLOYER