LEAVE OF ABSENCE REQUEST FORM

NAME: ______________________ DATE: ______________________

POSITION: ______________________ DEPARTMENT: ______________________

I request a LEAVE OF ABSENCE in conjunction with any/all vacation, comp time, sick leave or non-duty time to which I may be entitled and/or appropriately charged during the period ________________ for the reasons stated below:

☐ PARENTAL LEAVE (Board policies V.E5 - faculty/VI.E2 - classified) ☐ Extension

☐ FAMILY LEAVE (Board policies V.E6 - faculty/VI.E3 - classified) ☐ Extension

☐ OTHER (Board policies V.E1 - faculty/VI.E1 - classified) ☐ Extension

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Attach additional sheets if necessary

Signature ______________________ Date ______________________

(For payroll) BALANCES in hours at start of leave:

Sick Leave: ________________ Vacation: ________________ Comp Time: ________________

"OTHER" LEAVES ONLY:

DEPARTMENT: ☐ Supports Request ☐ Does Not Support Request

Supervisor Signature ______________________ Date ______________________

Dean/Director Signature (where applicable) ______________________ Date ______________________

Cabinet Level Administrator Signature ______________________ Date ______________________

COMMENTS:

________________________________________

________________________________________

BOARD ACTION REQUIRED FOR ALL LEAVES IN EXCESS OF 30 DAYS:

☐ Approved ☐ Disapproved Date: ______________________