

Application for Unbanking

Important: This form must be approved by the department chair, dean, appropriate vice president, and superintendent/president **no later than** the fourth week of the semester **prior to the semester** during which the LHE would be unbanked.

Name: _____

Department: _____

1st Choice-Requested Semester: _____

Requested LHE: _____

2nd Choice Semester: _____

Next Evaluation Date: _____

By signing below, I agree to the following:

I am requesting to unbank the above LHE for the requested semester. In the event the District is unable to grant this leave request, my second choice semester unbanking is listed. I understand that if I am approved to unbank a full semester (15 LHE), I am not eligible unbank another full semester for three years. I understand that full-semester unbanking and sabbaticals are limited to 6% of the faculty in any one semester. The order of priority for unbanking and sabbatical leaves is as follows: sabbatical leaves, faculty members who have not previously unbanked leave, and faculty members who have previously unbanked leave by order of seniority.

I am certifying that: (a) the program will not be jeopardized by my absence, and (b) competent staff are available to teach the classes/provide the services vacated by me.

For more information regarding conditions for banking and unbanking, please see the District/Faculty Assembly Agreement, section D.3.0.

Sign and date below then email to the form to the Director of Human Resources at jacfalle@miracosta.edu.

Faculty Signature _____ Date _____

DIRECTOR, HUMAN RESOURCES COMPLIANCE VERIFICATION

Application for Unbanking meets CBA compliance requirements: Yes No

Last semester unbanked: _____

Director, Human Resources: _____ Date _____

DEPARTMENT CHAIR/DEAN/VICE PRESIDENT RECOMMENDATION/APPROVAL

Request Approved for (semester): _____

Request denied due to: _____

By approving this banked time off and signing below you are certifying that: (a) the program will not be jeopardized by the absence of the faculty member, and (b) competent staff are available to teach the classes/ provide the services vacated by the regular faculty member.

_____ Date _____
 Department Chair Signature

_____ Date _____
 Dean Signature

_____ Date _____
 Vice President Signature

APPROVAL OF THE SUPERINTENDENT/PRESIDENT

The time selected for banked time off, as recommended, has my approval

_____ Date _____
 Signature

ROUTING UPON SUPERINTENDENT/PRESIDENT APPROVAL

- VPI Exec Assistant
 Faculty Member
 Director, Human Resources
 Payroll

FOR PAYROLL OFFICE USE ONLY

Total LHE Banked to Date	
Total LHE Off <i>(for unbanking only)</i>	
LHE Remaining <i>(for unbanking only)</i>	
LHE Compensation Rate in Effect	
Account Distribution	
Pay I.D.	
Position Number	
Record Number	