



FACULTY – LEAVE OF ABSENCE REQUEST/REPORT

(Department & Employee: Please make a copy for your records.)

EMPLOYEE'S NAME: _____ TODAYS DATE: _____

DEPARTMENT: _____ FULL-TIME FACULTY _____ PART-TIME FACULTY _____

REASON FOR LEAVE

Personal Illness	Bereavement - Relationship:
Personal Necessity (may require approval by Dean and appropriate Vice President (refer to Article 10.3))	Jury Duty (Attach Summons and Verification)
Industrial Injury	College Business – Reason:

CLASS/ACTIVITY	DATE	WEEKDAY (M-SAT)	TIME		PAID		Cancelled		SUBSTITUTE* LAST NAME, FIRST NAME	PAID	
			FROM	TO	YES	NO	YES	NO		YES*	NO

I HEREBY CERTIFY THAT THE INFORMATION ON THIS FORM IS TRUE AND COMPLETE.

EMPLOYEE'S SIGNATURE: _____ DATE: _____

*AUTHORIZATION OF SUBSTITUTE PAY
Deans Signature: _____

DEPARTMENT USE ONLY

BUDGET CODE FOR SUBSTITUTE: _____ HOURLY RATE: _____

CHAIRPERSON/SUPERVISOR: _____ DATE: _____

DEAN'S SIGNATURE: _____ DATE: _____

HUMAN RESOURCES USE ONLY

REVIEWED/APPROVED BY _____ DATE _____

- INSTRUCTIONS**
1. Full-Time Faculty:
 - a. Refer to Article 10 of the Faculty Association Agreement for leave of absence provisions and absence policy
 - b. Personal necessity may require advance approval. Please refer to Article 10.3
 - c. Complete this form within ten (10) calendar days after the return from absence
 2. Part-Time Faculty
 - a. Refer to Article 9 of the CFT/PFA Agreement for leave of absence provisions and absence policy
 - b. Complete this form within three (3) business days after the return from absence