

GLENDALE COMMUNITY COLLEGE DISTRICT

APPLICATION FOR LEAVE OF ABSENCE FOR ACADEMIC PERSONNEL

To the Employee: This is a request for a leave of absence for the specific purpose and period of time as indicated below. The granting of leaves of absence are subject to the provisions of the existing contractual agreement between the employee's exclusive representative and the District. Employees applying for, or who have been granted leaves should become familiar with the requirements of such leaves as provided in the Collective Bargaining Agreement, Article VII.

Leaves may impact an employee's benefits and retirement service credit. It is the responsibility of the employee to be aware of the impact of the leave on his/her benefit structure and retirement service credit.

Name of Employee _____

Department/Work Location _____

TYPE OF LEAVE REQUESTED***:

- | | |
|--|--|
| <input type="checkbox"/> Health* | <input type="checkbox"/> Sabbatical **/*** |
| <input type="checkbox"/> Maternity** | <input type="checkbox"/> Faculty Enhancement |
| <input type="checkbox"/> Family Medical Leave | <input type="checkbox"/> Pre-Retirement Reduced Workload |
| <input type="checkbox"/> Military Family Leave** | <input type="checkbox"/> Vacation |
| <input type="checkbox"/> Bereavement Leave | <input type="checkbox"/> Personal |
| <input type="checkbox"/> Military | <input type="checkbox"/> Home Responsibility |
| <input type="checkbox"/> Jury Duty Leave | <input type="checkbox"/> Personal Growth and Development |

* Health Leaves require a statement from attending Physician.

** Maternity, Sabbatical and Military Family Leaves forms must be obtained from the Office of Human Resources.

*** Sabbatical leave does not get a full year of STRS credit for that year.

TIME PERIOD REQUESTED FOR LEAVE OF ABSENCE:

_____ Full Year (specify dates) _____ to _____ inclusive.

One Semester (Fall _____ Spring _____) _____ to _____ inclusive.

_____ Other (specify dates) _____ to _____ inclusive.

If a part-time leave, e.g. 20% leave all year, indicate amount or percentage of time requested for leave:

Supervising Dean/Associate Vice President _____

Signature of Employee _____

Date _____

Note:

- 1) Attach additional information which would assist in determining the disposition of your request.
- 2) The District may request additional information deemed necessary to the disposition of this request.
- 3) Completed application forms must be submitted to the Human Resources Office no later than the date specified in the Collective Bargaining Agreement.

For Human Resources Office Use: Date Request Received: _____

Action by Board: _____