

LONG BEACH COMMUNITY COLLEGE DISTRICT
Long Beach City College

Request For Paid Leave Of Absence

NAME _____

DATE _____

EMPLOYEE ID# _____

EMPLOYEE CATEGORY: Classified Unit Administrator Management Team

I hereby request a paid leave of absence. I have indicated the reason(s), dates, and hours below:

Original Request		Changes to Original Request		TYPES OF LEAVE
Hours	Date(s)	Hours	Date(s)	
				VACATION <u>Classified Unit; Administrator, Management Team, and Academic</u> <input type="checkbox"/> New Request <input type="checkbox"/> Changes
				CONFERENCE: Title: _____ (Conference to which there is <u>no</u> cost to the District)
				PERSONAL NECESSITY – (Per your collective bargaining agreement). Full pay to be deducted from sick time.
				FLOATING HOLIDAY – per FISCAL year at full pay - (non-cumulative): <u>Classified</u> – One Day
				DEPARTMENTAL PARTIAL DAY LEAVE – <u>Classified</u> - Not to exceed ½ day at a time and no more than 6 hours per month.
				ILLNESS
				MANAGEMENT LEAVE <u>Administrator and Management Team</u> Five days per FISCAL year (non-cumulative)
				JURY DUTY
				IMMINENT DEATH Immediate family only – 2 days per FISCAL year.
				BEREAVEMENT – Immediate family only. 4 days if travel is <u>less</u> than 250 miles and up to 6 days if travel is <u>more</u> than 250 miles.
				OTHER: _____ List type of absences <u>not</u> covered above (Furlough, Comp time, etc....)

For the following leaves-of-absence, contact the Human Resources office for the appropriate and required forms: Jury Duty, Maternity, Government Service, Military, study and retraining, and professional leave. Industrial accidents / illness leaves must be authorized through the Office of Risk Services at 4038.

Employee Signature

Date

Appropriate Supervisor

Date

TARS Timekeeper: Date Entered: _____

Ending Date: _____

Initials: _____