

**LONG BEACH COMMUNITY COLLEGE DISTRICT
Long Beach City College**

FACULTY REQUEST FOR PAID LEAVE OF ABSENCE

NAME _____ DATE _____

EMPLOYEE ID# _____ DEPARTMENT _____

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)	
				CONFERENCE: Title: _____ Is a sub required? Yes _____ No _____
				PERSONAL NECESSITY – Full pay to be deducted from sick time. (See Collective Bargaining Agreement)
				ILLNESS – Regular Sick Leave (RSL)
				JURY DUTY (See Collective Bargaining Agreement)
				IMMINENT DEATH Immediate family only – 2 days per FISCAL year.
				BEREAVEMENT (See Collective Bargaining Agreement)
				DISCRETIONARY – 1 non-cumulative day with Substitute and 2 additional non-cumulative days without Substitute (CCFA Only)
				OTHER: _____ List type of absence not covered above (Maternity Leave, Stat Leave, Leave w/o Pay, etc.....)

Employee Signature Date Supervisor/Dept Hd Date Dean Date

TARS Timekeeper: Date Entered: _____ Ending Date: _____ Calendar: _____ Initials: _____

Faculty Substitute Approval and Verification Form

List time and dates subbed.

Substitute Name	Empl ID	Subject	Date(s)	Time	Class/Center

Authorization of Dept. Head

Authorization of School Dean

Confirmation of Work
Performed by Faculty Sub