# Los Medanos College Faculty Request for Leave

###  Employee (Print Name) Employee Signature

 **Department Date**

**Type of Leave:** (Check appropriate box)

[ ]  **Conference or Meeting -** (Request must have approval at least **one week** in advance)

[ ]  Approved for Individual Variable FLEX Credit, if applicable. Dean’s Initials \_\_\_\_\_\_\_\_\_\_\_

**Full-Time**: All contractual obligations on a given day must be completed by the faculty member before any activity can

 be considered for Variable Flex credit.

**Adjunct**: Eligible during non-classroom or office hour time.

Attendance at professional meetings, conferences or other professional activities

Sponsoring Organization:

Location:

Purpose of Meeting, Conference or Activity:

####

**[ ]  Personal Necessity**

#### Sick Leave

[ ] Regular Sick Leave [ ]  Extended Sick Leave[ ]  Family Sick Leave

**Other Leave**

[ ] Family Bereavement Leave [ ]  Military Leave

[ ] Judicial and Official appearances when subpoenaed [ ]  Religious Leave

[ ]  Authorized Leave Without Pay

[ ]  Industrial Leave

**Scheduled Dates:**

 **Date Time No. of Hours Date Time No. of Hours**

 **From – To From – To**

**Check One:**

Classes will be [ ] Cancelled [ ] Held [ ] Substitute(s) Required [ ] Not Applicable

**If cancelling list classes which are cancelled If substitute instructor(s) required, list who and for which class(es)**

 **Cancelled Class Time & Location Substitute Instructor Class**

**Recommended:** [ ] Yes **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

[ ] No Dean or Manager Date

[ ]  Approved **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 [ ]  Disapproved President or Designee Date

**Distribution**: Employee Business Office Dean or Manager Revised 8/14