

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 or Week	Time		Total Number of Hours	Date or Week	Time		Total Number of Hours
	From	To			From	To	

Check all that apply: Classes will be Cancelled Held Substitute(s) Required Not Applicable

If cancelling list classes which are cancelled:

If substitute instructor(s) required, list who & which classes:

Cancelled Class	Time	Room Number	Class	Substitute Instructor

Recommended:

- Yes _____
Dean or Manager _____ Date _____
- No

- Approved _____
Vice President of Instruction or Designee _____ Date _____
- Disapproved