# 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