



Employee Leave of Absence Request Form

Instructions: Submit completed form to Human Resources for eligibility verification before approval by the supervisor/administrator. Please attach all supporting documentation e.g. medical certification, legal notice, military orders etc.

Name		G #
Date of Employment	Position	Full/Part Time

Leave Type

Please check one:

- | | | | |
|---|---|--------------------------------------|-----------------------------------|
| <input type="checkbox"/> Pregnancy | <input type="checkbox"/> Family Care | <input type="checkbox"/> Industrial | <input type="checkbox"/> Extended |
| <input type="checkbox"/> Parental | <input type="checkbox"/> Leave Without Pay* | <input type="checkbox"/> Military | <input type="checkbox"/> Other |
| <input type="checkbox"/> Child Adoption | <input type="checkbox"/> Paid Leave* | <input type="checkbox"/> Sabbatical* | |

*Must have Board Approval

Reason for Leave (If necessary, attach a separate sheet)

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Begin Leave Date	Anticipated Return Date	<input type="checkbox"/> Intermittent <input type="checkbox"/> Block of Time
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I understand that this application for leave is subject to review and approval in accordance with established Imperial Community College District Board Policy/CBA Contract(s).

Employee's Signature	Date
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Approval Signatures

***Area Administrator please contact the appropriate HR Analyst if a substitute is needed**

<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Immediate Supervisor -If Applicable	Date
<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Dean/VP -If Applicable	Date
<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Chief Human Resources Officer or Superintendent/President if Applicable	Date

Human Resources Use Only

<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Date of Board Action	Eligibility verified: <input type="checkbox"/> Yes <input type="checkbox"/> No Initials: _____ Date: _____
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