



**APPLICATION FOR LEAVE OF ABSENCE WITH PAY**

In accordance with the Master Agreement, I hereby request approval for absence **with pay** on the date(s) below.

Name \_\_\_\_\_  
(Please print)

Date(s) \_\_\_\_\_ Time (s) \_\_\_\_\_ a.m. \_\_\_\_\_ p.m. \_\_\_\_\_ all day

**LEAVE REQUESTED:**

Illness

Self

Return to work slip from treating physician required when returning from short-term disability leave. Eligibility for long-term (90+ days) disability benefits is determined by the insurance carrier.

Immediate Family

Bereavement (spouse, parent, grandparent, sibling, progeny, foster family, in-laws)

Jury/Witness Duty

Other College Assignment: \_\_\_\_\_

Personal Leave (*Personal leave is permitted for matters which cannot be cared for in free time and which would result in legal, business, family or personal disadvantage if not covered at the appropriate time[ARTICLE VIII.B.5.]*).

Please delineate the reason for your personal leave request: \_\_\_\_\_

Alternate Instructor (if applicable) \_\_\_\_\_

It is the responsibility of the instructor to contact the dean to determine if the class should be canceled or covered.

Date \_\_\_\_\_

Signed \_\_\_\_\_

Employee

Date \_\_\_\_\_

Signed \_\_\_\_\_

Department Chairperson

Date \_\_\_\_\_

Signed \_\_\_\_\_

Dean