

**SAN BERNARDINO COMMUNITY COLLEGE DISTRICT
SPECIAL LEAVE REQUEST FORM
ACADEMIC EMPLOYEE REQUEST FOR AUTHORIZED PAID LEAVE**

(To be completed by employee requesting leave)

Employee Name: _____

Employee Work Location: _____

Date(s) of Requested Leave: _____

Type of Leave Requested and Length (Full Day or Half Increment)

_____ Sick Leave (Ed. Code S. 87781. CTA Art. 18 G 1)

_____ Extended Sick Leave (Ed. Code S. 87780. CTA Art. 18 G 2)

_____ Personal Necessity Leave (Ed. Code SS. 87781.5 and 87784. CTA Art. 18 G 5)

ADVANCE PERMISSION MUST BE OBTAINED EXCEPT FOR EMERGENCY

_____ Serious illness in the immediate family

_____ Death in the immediate family (beyond bereavement leave)

_____ Emergency

_____ Response to legal order

_____ Recognized religious holiday

Description of specific reasons for Personal Necessity Leave:

_____ Personal Business Leave (CTA Art. 18 G 5 e). Limited to two (2) days of Personal Necessity Leave per Academic Year. The employee certifies that such personal leave is for personal business which can be transacted only during the employee's working hours and reasonably cannot be transacted by anyone else, and the leave is entirely consistent with Article 18.

_____ Bereavement Leave (Ed. Code S. 87788. CTA Art. 18 G 6)

_____ Jury Duty Leave (Ed. Code S. 87035. CTA Art. 18 G 7)

Additional Remarks by Employee:

Employee Signature

Date of Request

(All other leaves must be requested separately)

DISTRIBUTION

1. Review and Recommendation by Immediate Supervisor:

Immediate Supervisor's Signature

Date

2. Review and Decision by Chancellor of Designee:

Approved Not Approved

Chancellor's or Designee's Signature

Date

3. Forward to Payroll Office