



CHABOT-LAS POSITAS COMMUNITY COLLEGE DISTRICT

Office of Human Resource Services

Absence: Leave of Absence (LOA) Requests
(Faculty, Classified)



Chabot College Las Positas College **District:** Hayward Livermore Pleasanton

(Please Print)

Employee Name: _____ SSN or W# : _____

List each date of absence: _____ Division/Office: _____
(indicate hours if absence is less than a full day)

- 1. Floating Holiday (Classified employee – approval of designated supervisor/administrator only)
- 2. Bereavement Leave: state relationship of deceased : _____ Destination: _____
- 3. Judicial Leave (attach copy of summons or notice)
- 4. Leave for Pregnancy Disability (deduct from sick leave) – Administrator/ Classified/ Faculty – attach signed forms from physician – see Benefits Office
- 5. Leave without pay and benefits for child bearing preparation and child rearing. Classified – attach signed forms from physician – see Benefits Office
- 6. Leave without pay for child bearing or post partum infant care. Administrator / Faculty
- 7. Leave without pay and benefits - (explain need or reason) _____ – Administrator/ Classified/ Faculty
- 8. Maternity Leave - Classified (Not to exceed four (4) months-without pay). – attach signed forms from physician – see Benefits Office
- 9. Military Leave – Administrator/ Classified/ Faculty (Attach copy of official orders)
- 10. Personal Leave – Faculty (Contract/Regular - Faculty only one (1) day per year – aggregated up to 2 days)
- 11. Personal Necessity Leave: Brief description of need or emergency: _____
Administrator/ Classified/ Faculty (Deduct from Sick Leave, not to exceed seven (7) days per academic school year)
(see Classified Bargaining Agreement)
- 12. Vacation: (list dates): _____
- 13. Family care leaves (explain reason): _____
- 14. Other (describe): _____
- 15. Parental Leave : Faculty (see page 117 of CBA) : _____

I certify that leave of absence as requested is for the purpose indicated and further that such leave will be used as prescribed.

Employee's Signature: _____ Date: ____/____/____

- Recommended Approval
- Approved (Floating Holiday) (immediate supervisor / administrator approval only)
- Not Recommended/Approved (give reason)

Supervisor Signature: _____ Date: ____/____/____

Administrator Signature: _____ Date: ____/____/____

Submit to:
Payroll Department - District Office
5020 Franklin Drive
Pleasanton, CA 94588

Reference: Article 11A, 11A.4, 11B, 11C, 11D, 11E.1, 11F, 11G, 11H, 11I Faculty Collective Bargaining Agreement