



**CHABOT-LAS POSITAS COMMUNITY COLLEGE DISTRICT**  
**Office of Human Resources**  
**Absence: Leave of Absence (LOA) Request or Report**



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

(Please Print)

Employee Name: \_\_\_\_\_ W#: \_\_\_\_\_

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

Floating Holiday (Classified – approval of designated supervisor/administrator) [list dates]: \_\_\_\_\_

Vacation (Classified, Administrators & Executives) [list dates]: \_\_\_\_\_

Sick [list dates]: \_\_\_\_\_

Bereavement Leave state relationship of deceased: \_\_\_\_\_ Destination: \_\_\_\_\_

Judicial Leave (attach copy of summons or notice)

Military Leave (attach copy of official orders)

Family Care Leaves (explain reason): \_\_\_\_\_

Personal Necessity Leave (Faculty, Classified, Administrators & Executives)  
 Brief description of need or emergency: \_\_\_\_\_  
[Deduct from Sick Leave, refer to respective Bargaining Agreements]

Personal Day (Faculty): \_\_\_\_\_

Leave without pay and benefits (explain) \_\_\_\_\_

Furlough Days (Classified, Administrators & Executives) \_\_\_\_\_

Other (describe): \_\_\_\_\_

**Leaves Related to Pregnancy/Maternity/Child Birth:** (contact Benefits Office)

Maternity/Pregnancy Disability (provide Doctor note): \_\_\_\_\_

Bonding Leave (must be taken within 1 year of the birth): \_\_\_\_\_

Paid    Unpaid   (using sick leave/differential/extended)

Parental Leave (Maternity and Bonding): \_\_\_\_\_

**Leaves Related to Illness/Sickness** (contact Benefits Office)

Request for Family Medical Leave (FMLA) or California Family Right Act (CFRA) (explain or provide Doctor note): \_\_\_\_\_

Medical Leave (provide doctor note): \_\_\_\_\_

**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: \_\_\_\_/\_\_\_\_/\_\_\_\_