



**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 (Administrators & Executives) [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: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Submit to: CLPCCD Payroll Department, 7600 Dublin Boulevard, 3<sup>rd</sup> Floor, Dublin CA 94568**  
*Reference: Article 11A, 11A.4, 11B.1c(1),(2), 11B.2, 11C, 11D, 11E.1, 11F, 11G, 11H, 11I Faculty Collective Bargaining Agreement*