



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)

Do not use SSN

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)
- 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)
- Personal Leave (Contract/Regular - Faculty only one (1) day per year – aggregated up to 2 days)
- 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]
- 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): _____
- 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, 3rd Floor, Dublin CA 94568

Reference: Article 11A, 11A.4, 11B.1c (1),(2), 11C, 11D, 11E.1, 11F, 11G, 11H, 11I Faculty Collective Bargaining Agreement