



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 Pleasanton

Employee Name: _____ W#: _____
 (Please Print) Last Name, First Name

Division/Office: _____

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

- Floating Holiday (Classified & Administrators) [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)
- 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 Parental Leave: (contact Benefits Office x5505)

- Pregnancy Disability Leave (attach Doctor's note): _____
- Parental/ Bonding Leave (must be taken within 1 year of the birth): _____
 Paid Unpaid (using sick leave/differential/extended)

Leaves Related to Illness/Sickness (contact Benefits Office x5505)

- Request for Medical, Family Medical Leave (FMLA) or California Family Rights Act (CFRA)
 (complete FMLA form or provide Doctor's 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: ____ / ____ / ____