



CHABOT-LAS POSITAS COMMUNITY COLLEGE DISTRICT

Office of Human Resources

Request for Workload Banked Leave of Absence (Regular Unit Members Only)

Article 12-2A.1d



DATE: \_\_\_\_\_

Chabot

TO: \_\_\_\_\_  
Dean

Las Positas

FROM: \_\_\_\_\_  
Print name as it appears on SS Card W Number

Due Dates for Form Submission:

- By March 15th for Fall Semester Workload Banked Leave Request
• By September 15th for Spring Semester Workload Banked Leave Request
• Must be submitted electronically to immediate Supervisor

\*\*Please attach most recent load sheet to this form upon submission. Forms submitted without load sheet will be returned.

Note: Sixteen (16) Calculated A Hours (CAHs) or the equivalent must be completed by the Term preceding the intended Workload Banked Leave of Absence, including intersessions. Failure to accrue the mandatory Calculated A Hours (CAHs) or the equivalent by the Term preceding the intended Workload Banked Leave of Absence will result in either cancellation or postponement of the Work Load Banked Leave of Absence.

FACULTY: Indicate the number of CAH banked prior to this request:

FACULTY: Indicate the number of additional CAH to be Banked prior to banked leave and semester:

Spring

Fall

I request that \_\_\_\_\_ CAH from my Workload Banked Leave be applied to the Spring Semester of (enter the year): \_\_\_\_\_

I request that \_\_\_\_\_ CAH from my Workload Banked Leave be applied to the Fall Semester of (enter the year): \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

(Faculty Signature)

DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

FOR OFFICE USE ONLY

Approved

Disapproved

Division Dean signature: \_\_\_\_\_

DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Vice President signature: \_\_\_\_\_

DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

- cc: Division Dean
Vice-President of Business Services
Vice Chancellor, Human Resources
Payroll Manager
Faculty Applicant

Reference: Article 12-2A.1d – Faculty Collective Bargaining Agreement