



REQUEST FOR LEAVE OF ABSENCE WITHOUT PAY

Per Section 10.18.1.1 of the MPCEA Collective bargaining Agreement, employees may request leaves of up to 10 working days of leave without pay per fiscal year. Such requests are subject to approval by the employee's immediate supervisor, appropriate Vice President, and Associate Dean of Human Resources. Over 10 days in a fiscal year must be recommended by administration and approved by the Board of Trustees. For instances of over 22 days in a fiscal year, employees will be charged proportionately for health and welfare benefits.

Please complete this form and forward for review and approval. Approval of leave without pay is at the discretion of the District and not subject to the grievance process.

Employee's Name

Date of Request

Job Title

Department/Office

I am requesting the following leave of absence without pay:

List Dates of Absence: _____

Total hours and/or days: _____

Comments:

Employee's Signature

Date

Manager's/Dean's Signature

Date

Approved Denied

Vice President's Signature

Date

Approved Denied

Associate Dean of HR Signature

Date

Approved Denied

Requires Approval of Board of Trustees

Approved Denied

Attach copy of Board Action and place in personnel file with this form.