

# San Francisco Community College District

Human Resources/Benefits Unit  
33 Gough Street, San Francisco, CA 94103, 415-487-2448

## Faculty Application for Leave Allowance

Board Resolution No. \_\_\_\_\_

1. Employee: Submit to Department Chair with all supporting documents.
2. Department Chair: If short-term leave, submit to Dean for approval. If long-term leave (FT only), submit to Vice Chancellor for approval.
3. Dean/Vice Chancellor: Submit to Human Resources (33 Gough).

Name	ID#	FT	PT
Home Address	City	State	Zip
Department/Discipline	Campus Mailbox	Phone Number	

**1. Leave Type:** (Time period on any one application cannot extend beyond the academic year.)

(All references below are to the AFT 2121 collective bargaining agreement.)

<p><b>Sick</b></p> <p>A medical certification may be required. <input type="checkbox"/> Sick (17.C.7)</p> <hr/> <p><b>Professional Growth</b></p> <p><input type="checkbox"/> Professional Growth Absence (13-1.H)</p> <p>Attach description of activity &amp; supporting documents</p>	<p><b>Short-Term (20 Days or Less)</b></p> <p>Request shall be made no later than 5 working days prior to the requested beginning day of leave.</p> <p>For Professional Growth Leave (17.F), see Requisition &amp; Travel Order form.</p> <p><input type="checkbox"/> Bereavement Leave (17.H)</p> <p><input type="checkbox"/> Military Leave (17.J)</p> <p><input type="checkbox"/> Unpaid Leave (17.B)</p> <p><input type="checkbox"/> Jury Duty/Witness (17.I)</p> <p><input type="checkbox"/> Personal Emergency/ *Necessity (six days max/year, 17.G)</p>	<p><b>FT Long-Term (More than 20 Days)</b></p> <p>Request shall be made no later than 10 working days prior to the requested beginning day of leave.</p> <p>I was granted a prior Long-term Leave semester/Year _____</p> <p><input type="checkbox"/> Reduced Workload (17.P)</p> <p><input type="checkbox"/> Military Leave (17.J) (FT &amp; PT may apply)</p> <p><input type="checkbox"/> Unpaid Leave (17.B)</p> <p><input type="checkbox"/> Paid Maternity Leave (17.D) (FT &amp; PT may apply)</p> <p><input type="checkbox"/> Other (Specify: _____)</p>
<p><small>*Only personal business of a compelling nature, religious holidays, and appearances in court as a litigant require prior management approval. Employees may submit this form directly to the appropriate administrator in a sealed envelope in order to assure confidentiality.</small></p>		

2. Percent of Leave (Long-Term only):  Full Load (100%)  Partial Load \_\_\_\_\_%

3. **Duration:**  Fall Semester (20\_\_\_\_)  Spring Semester (20\_\_\_\_)  Academic Year (20\_\_\_\_/\_\_\_\_)

OR Date: From \_\_\_\_\_ to \_\_\_\_\_ OR Hrs/Days (list them): \_\_\_\_\_

(Inclusive—not to extend beyond current academic year) OR will start working on (date) \_\_\_\_\_

**Reason for leave and/or reason for late request:** (be specific and attach supporting documents). \_\_\_\_\_

**WARNING:** Time spent on leave may affect your retirement eligibility/benefits. You may wish to check with your retirement system.

**CERTIFICATION:** I certify that this leave of absence is for the purpose indicated above and I acknowledge that certain deadlines may apply. I further certify that I understand that where no leave extension has been received and granted, and no emergency exists to prevent return on the specified date, failure to return shall result in the following: District shall begin immediate processing for the securing of a written resignation and/or begin immediate processing for my discharge.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

.....  
**Office Use Only**

- Approved  
 Not Approved

\_\_\_\_\_  
Department Chair's Signature

\_\_\_\_\_  
Date

- Approved  
 Not Approved

\_\_\_\_\_  
Dean's / Vice Chancellor's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Associate Dean, Human Resources

\_\_\_\_\_  
Date