



This form is used for requesting a formal leave of absence or for requesting an extension to an existing leave of absence. This form may not be used for Sabbatical or Retraining Leaves. For sabbatical/retraining leave forms, go to www.laccd.edu/sabbatical.

Please print or type and ensure all information is provided as omissions can delay processing.

EMPLOYEE TIP SHEET

Last Name _____ First Name _____ Middle Name _____ Employee Number _____

Service: Academic, Regular Academic, Adjunct Classified

Assignment:

Location _____ Title of Position _____ Subject Field / Department _____

1. LEAVE REQUESTED:

Leave Dates:

Type of Leave _____ Start _____ End _____

Full-Time Leave Part-Time Leave: Reduce to _____ hours or _____ percentage per week.

Illness Leave Option: If full-time illness quota exhausts use available vacation quota in lieu of:

No Pay Available Half-Pay Illness quota

2. LEAVE STATUS: Are you currently on a leave of absence? No Yes, Identify _____

3. REMARKS (OPTIONAL):

4. SIGNATURES:

Employee-Applicant Date _____

PROCESSING STATUS

IF PERMISSIVE LEAVE

Recommended
 Not Recommended

IF MANDATORY LEAVE

Acknowledged

Recommended
 Not Recommended

Acknowledged

Department Head \ Supervisor Date _____

President or Designee Date _____

Approved for Processing

Not Approved for Processing, Indicate Reason: _____

Human Resources Official, District Office Date _____

INFORMATION FOR EMPLOYEE CONCERNING A LEAVE OF ABSENCE

- Types of Leaves:** The description, requirements, and compensation for the types of leaves available are found in collective bargaining agreements, Human Resource Guides, and Personnel Commission Rules. Please inform yourself of leave requirements and compensation before submitting a leave for processing.
- Supplemental documents may be required.** Employees requesting an illness leave or industrial accident, including disability due to pregnancy and/or childbirth, must include an Attending Physician's Statement with the submission of this or any extension of an illness or industrial accident leave. Other types of leaves may require additional documents.
- Your official address while on leave:** If your address will be changed during the time of the leave, submit an "Address and Warrant(s) Recipient Designation" form to Payroll Services, District Office, just prior to the beginning of the leave and at the completion of the leave. Confirmation of the change of district records will be mailed to the new address at the time the change is registered.
- Information regarding return to work:**
 - Employees desiring to return to work prior to the end day shown on their approved leave of absence must submit a Leave of Absence: Early Return Request form prior to returning to work.
 - Employees returning from an illness or industrial accident leave must submit an Attending Physician's Statement form prior to returning to work.
 - Failure to return to work upon expiration of a leave of absence may be considered abandonment of position. See applicable collective bargaining unit agreement, Human Resource Guides, and Personnel Commission Rules for details.

For further assistance with leave requirements, contact your location Personnel Office.