

LONG BEACH CITY COLLEGE OFFICE OF HUMAN RESOURCES

REQUEST FOR UNPAID LEAVE OF ABSENCE

NAME:				
CLASSIFIED	FACULTY		MANAGE	MENT
EMPLOYEE ID#:				
LBCC DATE OF HIRE:				
DEPARTMENT:				
TITLE:				
Have you exhausted sick leave, vacati	on or other leave balance	es:	YES	NO
ORIGINAL REQUEST I hereby request an <u>unpaid</u> leave of absence. I have indicated the type of leave, the dates and reason below. TYPE OF LEAVE:				
THE OF DEAVE.				
DATES:				
FROM:	TO:			
Explain reason for request of <u>unpaid</u> leave of absence:				
	-			

Use additional space if necessary and attach supporting documentation.

Employee must notify their direct Supervisor and Management.
All requests for unpaid leave must be approved by Executive Committee.

SIGNATURES: