

LONG BEACH COMMUNITY COLLEGE DISTRICT
Long Beach City College

FACULTY REQUEST FOR PAID LEAVE OF ABSENCE

NAME

DATE

EMPLOYEE ID#

		Changes to Original Request		TYPES OF LEAVE
Hours	Date(s)	Hours	Date(s)	
				CONFERENCE: Title: Is a sub required? Yes _____ No _____
				PERSONAL NECESSITY – Full pay to be deducted from sick time. (See Collective Bargaining Agreement)
				ILLNESS – Regular Sick Leave (RSL)
				JURY DUTY (See Collective Bargaining Agreement)
				IMMINENT DEATH Immediate family only – 2 days per FISCAL year.
				BEREAVEMENT (See Collective Bargaining Agreement)
				DISCRETIONARY – 1 non-cumulative day with Substitute and 2 additional non-cumulative days without Substitute (CC)A Only)
				OTHER: _____ List type of absence not covered above (Maternity Leave, Stat Leave, Leave w/o Pay, etc.....) e