**SHORELINE COMMUNITY COLLEGE**

**Librarian**

**Request for Appro ved Leave**

**Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Ext.:** \_\_\_\_\_\_\_\_\_\_\_

I am requesting approved leave from Shoreline Community College on the following dates:

**Start Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_ **End Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Type of Leave Request/Notification:**

\_\_\_\_\_\_\_Professional Leavea

\_\_\_\_\_\_\_Personal Leaveb

\_\_\_\_\_\_\_Leave Without Pay

\_\_\_\_\_\_\_Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Professional Leave, Leave Without Pay, and Other Leave, please indicate the purpose below:**

I am requesting leave for the purpose of: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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a**Professional Leave, please complete the following:**

**Reimbursement:**  I \_\_\_\_\_ will ­­­\_\_\_\_will not be requesting expense reimbursement.

 **Travel authorization** is completed with the following Fund Source: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

b**Personal Leave:** If notifying us that you are takingPersonal Leave, please verify that it “***shall not be used for holiday or recreational purposes or for gainful employment or self- employment***” as specified in Article XVI. Section B.2 in the faculty Collective Bargaining Agreement 2017-2019.

\_\_\_\_\_\_\_\_ (Initial) I hereby affirm that my Personal Leave will not be used for holiday or recreational purposes or for gainful employment or self-employment purposes.

**Please select one:**

🞎 I have made arrangements to cover my teaching/other responsibilities. \_\_\_\_\_\_ (Initial)

🞎 Arrangements for coverage will need to be made. \_\_\_\_\_\_ (Initial)

Please describe what those teaching/other responsibilities are and (if applicable) provide names of faculty or staff who will cover them. (Arrangements that have budget implications may require further discussion with your supervisor. A substitute will be hired if three or more days of classroom instruction will be missed.)

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Signature of Faculty Member: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_

Approval of Unit Administrator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_