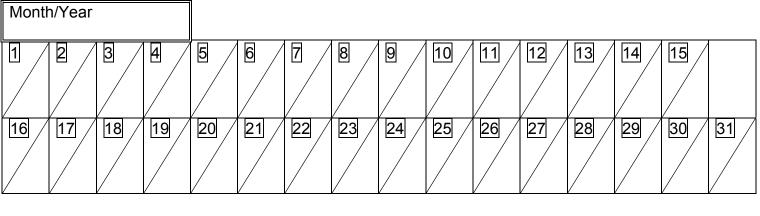
Shoreline Community College Faculty Request for/Report of Leave

Employee's Name (Last, First)	SSN# or SID#	Dept.
		Ext. No.
Leave Type [Code]		
 Personal (sick) leave [S] Illness, injury, bereavement 	Personal day* [PD] (maximum one day per quarter)	Professional leave* [PL]
 Home demands (recent paternity, child adoption, emergencies) Disability* Family* (care for a child/immediate 	Civil duty (attach summons) [J] • Jury/subpoena	Leave of absence without pay* [LW]
family member)	Military (attach orders) [M]	* These leave types require prior approval.

than a full day, 1) <u>instructional academic employee</u>: divide number of contact hours (c/h) missed by number of c/h scheduled for that day (e.g. 2 c/h missed divided by 3 c/h total = 0.67 day; if absence due to sickness is on a contract day with no scheduled c/h, compute percentage missed on basis of 7-hour day, 2) <u>non-instructional academic employee</u>: compute percentage of day missed on basis of 7-hour day, 3) <u>associate academic employee</u>: report each full day missed on basis of quarterly % of full-time load, e.g., if quarterly teaching assignment is 67% f.t., report 1 day's absence as 0.67 day; if 1 class out of 2 scheduled is missed, report 0.33 day.



Total Days or % of Days Requested/Taken by Type, e.g. S = 0.33 day

LW = 2 days

Does any absence entered above include moonlight assignment? If YES, specify date(s)

Employee's Signature	Date	Human Resources Office Approval	Date
Approved Disapproved (Explain)			
Supervisor's Signature	Date	Payroll Input	Date

Human Resources/Payroll Office Use Only: (LWOP, ADJ)