

# 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
- Home demands (recent paternity, child adoption, emergencies)
- Disability\*
- Family\* (care for a child/immediate family member)

**Personal day\* [ PD ]**

(maximum one day per quarter)

**Civil duty** (attach summons) [ J ]

- Jury/subpoena

**Military** (attach orders) [ M ]

## Professional leave\* [ PL ]

**Leave of absence without pay\* [ LW ]**

\* These leave types require prior approval.

**Directions:** Enter below the appropriate Leave Type Code - (listed above) for each day of leave requested/taken. For **absences of less than a full day**, 1) instructional academic employee: 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) non-instructional academic employee: compute percentage of day missed on basis of 7-hour day, 3) associate academic employee: 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.

Month/Year															
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	
16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

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 <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved (Explain)	Date
Supervisor's Signature	Date

Human Resources Office Approval	Date
Payroll Input	Date

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