

# Employee Leave of Absence Request Form

**Instructions:** Submit completed form to Human Resources for eligibility verification before approval by the supervisor/administrator. Please attach all supporting documentation e.g. medical certification, legal notice, military orders etc. Other

Name	G #
------	-----

Date of Employment

Child Adoption	Family Care Leave Without Pay* 3 D L G / H D Y H	Industrial 0 L O L W D U \ Sabbatical*
*Must have Board Approval		

**Reason for Leave (If necessary, attach a separate sheet)**

Begin Leave Date	Anticipated Return Date	<input type="checkbox"/> Intermittent <input type="checkbox"/> Block of Time
------------------	-------------------------	--

I understand that this application for leave is subject to review and approval in accordance with established Imperial Community College District Board Policy/CBA Contract(s).

Employee's Signature

	-If Applicable	Date
<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Dean/VP -If Applicable	Date
<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Chief Human Resources Officer or Superintendent/President if Applicable	Date

## Human Resources Use Only

<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Date of Board Action	Eligibility verified: <input type="checkbox"/> Yes <input type="checkbox"/> No
--	----------------------	--