

APPENDIX K
REPORT AND REQUEST FOR LEAVE OF ABSENCE FORM

Employee's Name: _____ Title: _____ Dept: _____

- | | |
|---|---|
| <input type="checkbox"/> Sick Leave
Date(s) (From/To) _____ Total Hours _____ | <input type="checkbox"/> Comp Time
Date(s) (From/To) _____ Total Hours _____ |
| <input type="checkbox"/> Personal Necessity (up to 7 days per fiscal year)
Date(s) (From/To) _____ Total Hours _____ | <input type="checkbox"/> Bereavement
Date(s) (From/To) _____ Total Hours _____ |
| <input type="checkbox"/> Vacation (at least one week in advance)
Date(s) (From/To) _____ Total Hours _____ | <input type="checkbox"/> District Approved Activity (briefly describe your reason)

Date(s) (From/To) _____ Total Hours _____ |

The employee must be notified whether the request is approved or denied within three working days of receipt

Requests submitted over the weekend, during a campus closure, or during a period the supervisor is otherwise absent shall have recorded date of receipt on the next day the supervisor is at work.

Other requests for leave outlined in Article X require approval through Human Resources and must be submitted to leaves@glendale.edu.

Employee's Signature _____ Date _____

Date Received by Supervisor: _____

- Approved:
- Not Approved: Reason: _____

Supervisor's Signature _____ Date _____