



CHABOT-LAS POSITAS COMMUNITY COLLEGE DISTRICT
Office of Human Resources
Absence: Leave of Absence (LOA) Request or Report



Chabot College Las Positas College **District:** Hayward Livermore Dublin

(Please Print)

Employee Name: _____ SSN or W#: _____

List each date of absence: _____ Division/Office: _____
(indicate hours if absence is less than a full day)

Floating Holiday (Classified – approval of designated supervisor/administrator) [list dates]: _____

Vacation (Classified, Administrators & Executives) [list dates]: _____

Sick (Administrators & Executives) [list dates]: _____

Bereavement Leave state relationship of deceased: _____ Destination: _____

Judicial Leave (attach copy of summons or notice)

Military Leave (attach copy of official orders)

Family Care Leaves (explain reason): _____

Personal Necessity Leave (Faculty, Classified, Administrators & Executives)
Brief description of need or emergency: _____
[Deduct from Sick Leave, refer to respective Bargaining Agreements]

Personal Day (Faculty): _____

Leave without pay and benefits (explain) _____

Furlough Days (Classified, Administrators & Executives) _____

Other (describe): _____

Leaves Related to Pregnancy/Maternity/Child Birth: (contact Benefits Office)

Maternity/Pregnancy Disability (provide Doctor note): _____

Bonding Leave (must be taken within 1 year of the birth): _____

Paid Unpaid (using sick leave/differential/extended)

Parental Leave (Maternity and Bonding): _____

Leaves Related to Illness/Sickness (contact Benefits Office)

Request for Family Medical Leave (FMLA) or California Family Right Act (CFRA) (explain or provide Doctor note): _____

Medical Leave (provide doctor note): _____

I certify that leave of absence as requested is for the purpose indicated and further that such leave will be used as prescribed.

Employee's Signature: _____ Date: ____/____/____

- Recommended Approval
- Approved (Floating Holiday) (immediate supervisor / administrator approval only)
- Not Recommended/Approved (give reason)

Supervisor Signature: _____ Date: ____/____/____

Administrator Signature: _____ Date: ____/____/____

Submit to: CLPCCD Payroll Department, 7600 Dublin Boulevard, 3rd Floor, Dublin CA 94568
Reference: Article 11A, 11A.4, 11B.1c(1),(2), 11B.2, 11C, 11D, 11E.1, 11F, 11G, 11H, 11I Faculty Collective Bargaining Agreement