VICTOR VALLEY COLLEGE

CLASSIFIED BARGAINING UNIT

REQUEST FOR LEAVE

Use **PRIOR TO leave**

NAME _____ **DEPARTMENT** _____

_____ **REQUESTED #____ DAYS or ____HOURS**

DATES OF REQUESTED LEAVE

☐ **VACATION LEAVE** (May be taken in units of not less than 15-minute increments)
Available days/hrs: _____

☐ **ANNUAL FLOATING HOLIDAY**

☐ **TAKE EARNED COMP TIME** (Must be scheduled and taken within 12 months of being earned)

☐ **PERSONAL ILLNESS & INJURY** (if known in advance, such as scheduled surgery)

☐ **Personal Medical/Dental appointment**

☐ **PERSONAL NECESSITY** (if known in advance) (maximum 9 days)
Check one
☐ Family illness
☐ Accident involving self/family, personal or property
☐ Extra bereavement
☐ Court - legal obligation
☐ Other* Describe: _____(***S/P approval - INITIALS**____)

☐ **BEREAVEMENT LEAVE** (4 days; 6 days out-of-state OR over 300 miles).

Relationship of deceased: _____City/State: _____

☐ **RELEASE TIME** Describe purpose: _____

☐ **JURY SERVICE** – **JURY SLIPS REQUIRED**; if you receive jury fees, submit payment to Fiscal Services

☐ **WITNESS LEAVE** – **COURT DOCUMENTATION REQUIRED**

☐ **ADDITIONAL LEAVE OF ABSENCE** Describe: _____

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_____ _____

Employee Signature Date Supervisor Date

Denied ☐

Comment: