VICTOR VALLEY COLLEGE

ADMINISTRATIVE, MANAGEMENT, CONFIDENTIAL

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**

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

☐ **Personal Medical/Dental appointments**

☐ **PERSONAL NECESSITY** (if known in advance) (maximum 6 days educ. mgmt; 9, classified mgmt)
Check one
☐ Family illness
☐ Accident involving self/family, personal or property
☐ Extra bereavement
☐ Court - legal obligation
☐ Other Describe: _____

☐ **PERSONAL LEAVE** (educational mgmt only, up to 6 days)

☐ **BEREAVEMENT LEAVE** (educational mgmt, 4 days, 5 if out-of-state OR over 300 miles; 6 if over 1,000 miles; classified mgmt, 4 days, or 6 if out of state or over 300 miles.

Relationship of deceased: _____City/State: _____

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

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

☐ **PROFESSIONAL LEAVE** (Educational management only, must be approved in advance)

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

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_____ _____

Employee Signature Date Supervisor Date

Denied ☐

Comment: