

NOTIFICATION OF LEAVE
(USE PRIOR TO LEAVE – Departmental Use Only - forward to Dean or V-P)

ACADEMIC BARGAINING UNIT

Refer to Bargaining Unit Agreement for specific language

NAME: _____	DEPARTMENT: _____
DATE(S) OF LEAVE: _____	REQUESTED # OF HRS/DAYS: _____

Reason for **PERSONAL NECESSITY** – Article 22 (deducted from available sick leave) (6 days maximum)

Reason for **PERSONAL LEAVE** – Article 24 (deducted from available sick leave) (6 days maximum)

MATERNITY LEAVE – Article 23 (treated in the same manner as illness leave)

JURY SERVICE - Article 21 (Often, extended dates/times are unknown...keep area administrator apprised...turn in court certification with your absence form. Submit Jury Fees paid to Fiscal Services.

WITNESS LEAVE - Article 27 (Often, extended dates/times are unknown...keep area administrator apprised...turn in court certification with your absence form

Bereavement Leave - Article 28(4 days intrastate; 5 days out-of-state or over 300-miles; 6 days over 1000 miles

Relationship of deceased: _____ City/State: _____

Reason for **Leave Without Pay**: (must be board approved in advance) _____

NOTE: For PROFESSIONAL LEAVE (Article 25) and SABBATICAL LEAVE (Article 26) – refer to full text in Agreement and submit appropriate forms.

Employee Signature _____	Supervisor - Approved <input type="checkbox"/>	Disapproved <input type="checkbox"/>
Date _____	Date _____	