

FACULTY LEAVE CODES:

- Code 01** Personal Illness (Reference Article 6.5) - All faculty receive a pro-rata amount of sick leave per year and/or semester based on a full-time equivalent assignment to be used for illness or injury leave.
- Code 03** Bereavement Leave (Reference Article 6.11) - Not to exceed 5 days of occurrence. Allowed for death in the immediate family (spouse, and the following relatives for both employee and spouse: father, mother, sisters, brothers, grandfathers, grandmothers, sons, sons-in-law, daughters, daughters-in-law, step/foster children, grandchildren, aunt, uncle or domestic partner of the faculty member.)
- Code 04** Jury Duty - (Reference Article 6.12) Attach form from Jury Service indicating days attended.
- Code 05** Industrial Accident/Illness (Worker's Compensation) (Reference Article 6.10)
- Code 06** Personal Necessity Leave (Reference Article 6.8) - Faculty receive up to 7 days per school year (or a pro-rata amount for faculty with less than fte assignments) for personal necessities such as: death of a member of the immediate family when additional leave is required beyond that provided by bereavement; accident, involving the immediate family; appearance in court as a litigant, or as a witness under an official order; absence for father on the occasion of childbirth; absence of mother and/or father to meet legal compliance for adoption. This leave requires pre-approval by Division Chair or Director and the Dean.
- Code 07** Illness in Immediate Family (Reference Article 6.5) - Not to exceed 6 days per calendar year for illness of a member of the immediate family or that of a spouse.
- Code 11** Leave of Absence without Pay (Reference Article 6.14) - A leave of absence without pay may be requested for up to 30 days without prior approval of the Board of Trustees. A leave without pay of this nature requires pre-approval by Division Chair or Director and the Dean. The Board may grant a leave of absence for one year without pay for one of the following conditions: 1) Improvement of impaired health; 2) Advanced study (including research); 3) For special reasons acceptable to the Board of Trustees.
- Code 12** College Business/CCFT Business
- Code 13** Leave of Absence - For family medical leave. Pre-approval is required from Human Resources.

CUESTA COLLEGE
REQUEST FOR PRE-APPROVED LEAVE(S) AND REPORT OF LEAVES FOR FACULTY

Employee Name: _____

Banner ID: _____

Leave(s) and/or Absence(s) for the month of: _____

PROCESS: Approval process should be initiated **five** working days prior to leave date (emergencies/extenuating circumstances require fewer or no prior approval days). Employee submits form to the Division Chair or Director; the Chair or Director forwards the form to the Dean or Vice President for approval. Please indicate if you need a substitute. The Dean of Instruction will forward a copy to you for your records and will forward the original copy of the form to Payroll. **This form is not used for Workload Exchange.**

LEAVE REQUESTED <small>(Indicate code. Leave codes are on the first page of this document)</small>	DATE(S)	TOTAL HOURS	SUBSTITUTE NEEDED/ OR PROVISION FOR CLASSES

Employee Signature: _____

Date: _____

Division Chair or Director Signature: _____

Date: _____

Dean or VP Signature: _____

Date: _____

IMPORTANT - PLEASE NOTE

LEAVES WILL BE ENTERED AS LISTED ABOVE UNLESS PAYROLL IS NOTIFIED OF A CHANGE. IT IS THE RESPONSIBILITY OF THE EMPLOYEE TO NOTIFY PAYROLL.

PAYROLL STAFF: Date of Computer Input: _____

Staff Initials: _____