**Application For Academic Long-Term Leave of Absence**

Applicant Name:       Employee ID Number:

Position Title:       Discipline:      College:

The following long-term leave of absence is requested from duties as an academic employee, subject to the conditions stipulated on Page 2 of this form and the terms of Section 8 of the VCCCD/AFT Agreement, for the:

Fall Semester Spring Semester Academic Year

If other than above, give specific dates: From:       To:

Leave Without Pay Leave With Pay

Personal Health Exchange Leave

Professional Study Other (Specify below)

Educational Travel

Home Responsibility

Personal Business

Military Leave

Date of first contract employment with the District\*

Date and type of last leave of absence from the District\*

*\*Include time when the Ventura Union High School District operated VC*

Applicant Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_

## APPROVED BY CAMPUS ADMINISTRATION

Dean \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Executive

Vice President \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

President \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

At a meeting of the Governing Board, Ventura County Community College District, held on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, the leave of absence requested above was authorized. Salary to be paid for the leave of absence period will be:

FULL PAY  2/3rds PAY  UNPAID

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Chancellor

For the Governing Board

THIS APPLICATION MUST BE SUBMITTED TO THE PRESIDENT’S OFFICE AT LEAST NINETY DAYS PRIOR TO THE EFFECTIVE DATE OF THE LEAVE (EXCEPT IN EXCEPTIONAL CIRCUMSTANCES), SIGNED BY THE APPLICANT ON THE FRONT AND THE BACK.

Application for Academic Long Term Leave of Absence

### GENERAL CONDITIONS

1. Leave applications shall be submitted and processed as set forth in Article 8 of the Agreement between the VCCCD and AFT, Local 1828.
2. A leave of absence may be revoked by action of the Governing Board if and when it shall appear to the satisfaction of the Board that the employee on leave is engaged in activities for which an initial application would not have been approved.
3. All applications for leave of absence must be on file in the President’s Office at least ninety days prior to the effective date of the leave, except in exceptional circumstances.
4. The Governing Board shall not be held liable for the payment of any compensation or damages arising from the death or injury of any employee while on leave of absence.

In making this application I understand that should I fail to report for service upon the expiration of the leave and such extensions of leave as may be authorized, I shall be deemed to have abandoned my position and all rights to employment by the Ventura County Community College District. In such event, this may be considered as my resignation, which may be accepted by the Governing Board at any time after two weeks following such failure to report for service. Such abandonment and resignation shall not be effective if I am able to demonstrate to the Governing Board that for reasons outside my control I was unable to report for service upon the appointed date and was likewise unable to communicate said inability to report for service.

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Date Applicant’s Signature