# Request for Long Term Leave–

# Classified Non-Management

(More than 10 Days and up to 6 Months)

Date:

(Please type or use black ink)

Name:       Employee ID Number:

Home Address:

Classification:

Work Location:

Department:

Term of Leave: (From)       (To)

Reason for Leave:

1. The VCCCD Chancellor may grant a maximum of six (6) months leave without pay to permanent employees. An additional six (6) months may be granted by the District Chancellor.
2. The break in service time requested will not count towards your seniority. Your health and dental benefits will cease during this time. You may make arrangements with the Human Resources Department to continue the health and dental benefits by paying the monthly premiums.
3. In extenuating circumstances, one may request an early return to work. Written notice and the approval of the Chancellor are required.

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Employee Signature

(Please forward to your immediate supervisor.)

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SUPERVISOR: Please complete the next page for information and recommendations.

**IMMEDIATE SUPERVISOR:**

How will the duties of the person on leave be performed during his/her absence?

What would be the impact on the department as a result of this proposed leave, i.e., workload shift(s) to other employees, benefits to the department, losses (decreased efficiency, training time, etc.)?

RECOMMEND: APPROVAL  DISAPPROVAL

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Signature (Immediate Supervisor) Date

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Signature (Department Manager) Date

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**COLLEGE PRESIDENT:**

RECOMMEND: APPROVAL  DISAPPROVAL

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Signature (College President) Date

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**CHANCELLOR:**

RECOMMEND: APPROVAL  DISAPPROVAL

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Signature (Vice Chancellor, Human Resources) Date