

LEAVE REQUEST

In accordance with Chapter 7 of the *Agreement* between the Foothill-De Anza Community College District and CSEA, Chapter 96, this form must be submitted at least **10 working days** in advance of the days requested for leave.

Employee Information

Date: _____

Name: _____

Position: _____ Department: _____

Type of Leave Requested

_____ Vacation _____ Sick _____ Compensation Time _____ Personal Necessity

I request leave on the following days:

Beginning: _____ Ending: _____

Return to work on: _____ Days Taken: _____

Employee Signature

Date

Appropriate Administrator

In accordance with Chapter 7 of the *Agreement* between the Foothill-De Anza Community College District and CSEA Chapter 96 this form must be approved/denied and returned to the employee within **3 working days** of receipt.

Date Form Received: _____

Your leave request is:

_____ Approved as scheduled above.

_____ Denied as scheduled above (for the following reason(s):

___ a) There is another employee already scheduled to take vacation during this time.

___ b) The workload of the department does not permit any vacations during this time.

___ c) Other _____

Signature of Appropriate Administrator

Date