



**APPENDIX G  
APPLICATION FOR ADMINISTRATIVE LEAVE**

**PLEASE TYPE OR PRINT CLEARLY**

It is the administrator's responsibility to submit this application to the Office of Human Resources at least six months prior to the commencement of the leave. Applications will be forwarded to the Administrative Leave Committee for review and recommendation to the Board of Trustees.

**For details see Chapter 10 of the Administrators Handbook.**

Name: \_\_\_\_\_

Department/Division: \_\_\_\_\_

Campus/Location: \_\_\_\_\_ Ext. \_\_\_\_\_

Home Address: \_\_\_\_\_

Date of first employment as an administrator: \_\_\_\_\_

Date of first employment with the District \_\_\_\_\_

Date of last administrative leave: \_\_\_\_\_

Length of leave requested:

1) up to 2 months @ full pay \_\_\_\_\_ months

2) up to 10 months @ 85% pay \_\_\_\_\_ months

From: \_\_\_\_\_ To: \_\_\_\_\_

**NOTE:**

I agree to render a period of service in the employ of the District following my return from this leave that is equal to at least twice the period of the leave as specified in Chapter 10 of the Administrator's Handbook.

If I decide to materially change my plan of study, research, or travel as described in this leave application, I will submit the proposed changes to the Administrative Leave Committee for approval.

I further agree to submit to the president or chancellor with a copy to the Administrative Leave Committee within three months following my return from this completed leave a report that identifies the manner in which I accomplished the objective of this leave and planned activities as described in this application or any approved revisions.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

- I. **Objectives of Leave:** (Please list specific objectives that demonstrate that the leave will enhance your job performance and professional growth).

**Objective I:**

Activities to meet objective:

Calendar/timetable for Objective I:

Means to report or verify achievement:

**Objective II:**

Activities to meet objective:

Calendar/timetable for Objective II:

Means to report or verify achievement:

**Objective III:**

Activities to meet objective:

Calendar/timetable for Objective III:

Means to report or verify achievement:

***Use additional sheets if necessary.***

- II. **Specific Benefits of the Leave Plan to the Employee:** (Please state how the objectives and activities of this plan will develop professional improvements and professional growth. How does this plan relate to your profession, assignment or planned assignments?)

**Benefits to the District:**

**THIS AREA TO BE COMPLETED BY THE ADMINISTRATOR'S SUPERVISOR**

1. Length of leave: \_\_\_\_\_approve \_\_\_\_\_disapprove
2. Demands \_\_\_\_\_can \_\_\_\_\_cannot be reasonably met during the leave  
of position:
3. Comments:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date