

NOTICE OF ABSENCE/REQUEST FOR LEAVE REGULAR FACULTY AND ADJUNCT FACULTY

EMERGENCY

CALL-INS

PRE-APPROVED

TYPE OF LEAVE: Vacation* Personal Necessity Bereavement
(please check one) Sick/Illness Personal Business (free day) Relationship of Deceased: _____
 Non-Paid* Military ** City/State: _____
 Other: _____ Jury Duty** Worker's Comp (*approved injury claims only*)**

**(For Non-Classroom Faculty only)*

*** (Requires documentation/approval)*

NAME: _____

Div./Dept. _____

Regular Faculty - Classroom Non-Classroom
 Adjunct Faculty - Classroom Non-Classroom

DURATION OF ABSENCE: *(all employees should fill out)*

Date(s): _____

Total Days: _____

Total hours: _____
(If partial day)

REGULAR FACULTY:

Entire load missed?: Yes No

Extra pay missed? (overload): Yes No

If a partial day is missed please fill out the classes below:

Class: _____ Day/Time: _____
 Load **Overload**

Class: _____ Day/Time: _____
 Load **Overload**

Class: _____ Day/Time: _____
 Load **Overload**

Class: _____ Day/Time: _____
 Load **Overload**

EXPLANATION *(if necessary):* _____

 Employee Signature

 Supervisor's Review/Approval

 Date

 Date

Call-In notification received by: _____

Date: _____

Original- Forward to People, Culture, Talent (HR) Copy - Originating Department Last updated: 7/2024

PRE-APPROVED INSTRUCTIONS

This box should be checked when the absence is planned. The employee requesting time off should complete all relevant information, sign and date the form, forward to his/her supervisor for approval, and then forward the original to Human Resources and a copy retained by the originating department. This form should be completed and forwarded immediately upon receiving approval.

CALL-IN ABSENCE INSTRUCTIONS

Absences should be reported within 30 minutes of the start of the employee's shift or scheduled class and no later than 30 minutes after the start of the shift or scheduled class, and must include the type of leave and the anticipated length of the absence. The person who receives the call should record all pertinent information on the form, sign and date where "*Call-In notification received by*" is indicated, forward the completed form to the supervisor for signature, and then send the original to Human Resources and a copy retained by the originating department. This form should be completed and forwarded immediately after receiving any call-in. Supervisors should report any absences exceeding three (3) days to the Human Resources Office. The Human Resources Office will contact the employee to discuss options for extended leaves for absences exceeding three (3) days.

EMERGENCY INSTRUCTIONS

This box should be checked when the absence is unplanned (i.e., left work due to illness, family emergency, etc.). The employee should complete all relevant information, sign and date, forward to his/her supervisor for review, and then forward the original to Human Resources and a copy retained by the originating department. This form should be completed and forwarded prior to absence. If prior completion is not possible, it should be completed immediately upon return to work.

DESCRIPTION OF LEAVES

PERSONAL NECESSITY LEAVE

Staff members may use a maximum of six days (faculty/administrators) in any school year, with full remuneration, for reasons of personal necessity. Such leave shall be charged to accumulated sick leave. Said leave is non-accumulative.

Staff members may take (1) additional calendar day per year for personal necessity that shall not be deducted from sick leave or salary. This day may be used any time, but may not be split. The personal business box shall be checked to reflect when this additional day is being used.

SICK LEAVE FOR FAMILY MEMBERS (FTF and Adjunct)

A unit member who qualifies for sick leave under this section of the CBA is entitled to use his/her available sick leave to care for a family member or take a family member for preventive care. Sick leave time shall be deducted according to the provisions of this section in the CBA. "Family Member" shall be defined as the unit member's parent, parent-in-law, spouse, registered domestic partner, child, grandparent, grandchild and sibling.

BEREAVEMENT LEAVE

Every unit member of the District is entitled to a leave of absence not to exceed five (5) days because of the death of any member's immediate family. For purposes of this Section, member of the immediately family is the same as defined in AVCFT CBA Article III. The unit member shall not be denied leave. If requested, to confirm the need for leave the Office of Human Resources and Employee Relations may request appropriate documentation (such as a death certificate; a published obituary; or verification of death, burial, or memorial services from a funeral home).

VACATION LEAVE

Faculty-12 month only

Staff members may not accumulate more than two years allocation of vacation days (44 days). Staff members who have accumulated more than 44 vacation days will be entitled to use their 22 days vacation per year.

EXTENDED LEAVES

In order to assure timely pay schedules, all extended leaves (in excess of three 3 days) should be directed to Human Resources. The Human Resources Office will inform you of your options and provide the Human Resources with the appropriate paperwork to ensure timely compensation.

NON-PAID LEAVES

All requests for non-paid extended leaves will require the approval of Human Resources, the President and the Board of Trustees.

If you have questions on how to fill out this form, please contact People, Culture, and Talent (HR).