



**BANKED LEAVE PROGRAM**  
**REQUEST TO BANK LHE/HOURS**

*(Full-Time Faculty Only)*

**Please complete this form to request to bank LHE/hours.** Per 4.15 of the FARSCCD Agreement, the faculty member must complete a banking application form and submit it to the supervising administrator no later than the Tuesday before beginning the extra assignment. The faculty member's decision to bank or receive pay for the extra LHE/hours shall be irrevocable after work on the extra assignment has commenced.

Name: \_\_\_\_\_ Employee ID: \_\_\_\_\_

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

**REQUEST TO DEPOSIT/BANK LHE/HOURS FOR** *(please mark all that apply):*

Semester /Year: ☐ Fall \_\_\_\_\_ ☐ Intersession \_\_\_\_\_ ☐ Spring \_\_\_\_\_ ☐ Summer \_\_\_\_\_

**LHE/Hours:**    **Assignment/Section**

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**Comments:**

Faculty Member's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervising Administrator's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Supervising Administrator's Signature: \_\_\_\_\_ Approved ☐ Denied ☐

**NOTE: DIVISION ADMINISTRATIVE ASSISTANTS MUST SUBMIT A STATUS CHANGE FORM ALONG WITH THE COMPLETED BANKED LEAVE FORM FOR PROCESSING.**