RANCHO SANTIAGO
Community College District

BANKED LEAVE PROGRAM

REQUEST TO WITHDRAW BANKED LHE/HOURS

(Full-Time Faculty Only)

Please complete this form to request the withdrawal or use of banked LHE/hours. Per Article 4.15 of the FARSCCD Agreement, a faculty member requesting to use banked LHE/hours must submit a written request to the supervising administrator by the Friday of the 9th week of the preceding semester, with final confirmation by the Friday of the 14th week. After consultation with the supervising administrator and approval by the Vice President or designee, the leave will be granted if it does not adversely impact the program.

Name: _____ Employee ID: _____

Site: _____ Department/Division: _____

REQUEST TO WITHDRAW/USE BANKED LHE/HOURS FOR *(please mark all that apply)*:

Semester/Year: ☐ Fall _____ ☐ Spring _____ LHE/Hours per Semester: _____

Comments:

Faculty Member's Signature: _____ Date: _____

Supervising Administrator's Name: _____ Approved ☐ Denied ☐

Supervising Administrator's Signature: _____ Date: _____

Vice President's Name: _____ Approved ☐ Denied ☐

Vice President's Signature: _____ Date: _____

APPEAL ONLY

If an applicant's full-semester leave is denied, the applicant may appeal the decision to the appropriate College President.

College President's Name: _____ Approved ☐ Denied ☐

College President's Signature: _____ Date: _____

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