



Part-time Counseling Faculty Request for Short Term Leave

Date Submitted: _____

Request # 1 2 3 4 5 6 7

Leave Date Requested: _____

Name: _____ College ID: M: _____

Department _____ Campus GT RV TP/SS

This form shall be used by part-time counseling faculty to request short-term leave and shall be submitted to the department chair as far in advance of anticipated leave as possible. SEIU CBA Article 10. In the case of an absence caused by an emergency, the form shall be submitted promptly upon return to work. **Submit one form for each individual class meeting or individual assignment (ie, advising) to be missed.**

Course (or assignment) _____ CRN and ESH _____

Meeting Day (s): _____ Class Time _____

Reason for Leave:

- Paid time off
- Sick and Safe Leave # of hours: _____
- Professional Development
- Court Attendance Leave
- Bereavement Leave

Have substitute arrangements been discussed with the chair or coordinator?

Yes No Comments: _____

After signatures are obtained, email form to LeaveRequest@montgomerycollege.edu If substitute is selected a faculty substitution action form MUST be submitted along with this form.

Signature of Requestor

Department Chair/Unit Coordinator

Student Affairs Dean/Designee

Comments:

Approved	Not Approved
Approved with pay	without pay
Disapproved without pay	