



Part-time Instructional 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 instructional 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

Instructional Dean/Designee

Comments:

Approved Not Approved

Approved with pay without pay

Disapproved without pay