

Full-time Instructional Faculty Request for Short-Term Leave

MC#	Last Name	First Name	Department	Campus	Date Submitted

This form shall be used by full-time instructional faculty for short-term leave, as indicated below. After the appropriate signatures are obtained, it should be emailed to LeaveRequest@montgomerycollege.edu
NOTE: One form should be submitted for each pay period under which the leave request falls.

- | | | |
|----------------------|--|-------------|
| Personal Leave | Civil Leave* (Jury duty or witness, <i>attach subpoena</i>) | Other _____ |
| Sick Leave | Military training** (<i>attach orders</i>) | |
| Professional Meeting | Bereavement Leave | |

*Per Montgomery College Procedure 35003CP G.3, compensation received during this service (not including meal or travel reimbursement) must be submitted to the College when an employee is on paid leave.

**Per Montgomery College Procedure 35003CP H.2, compensation received during this service (not including meal or travel reimbursement) must be submitted to the College when an employee is on paid leave.

Date(s): _____ **Days of leave requested (check one):** $\frac{1}{4}$ $\frac{1}{2}$ 1 _____ days

If substitute needed for class(es), when: _____

Reason for leave (other than personal): _____

Date	Signature of Requestor			
Date	Department Chair/Unit Coordinator	APPROVED	DISAPPROVED	
Date	Instructional Dean/Designee	APPROVED	DISAPPROVED	WITH PAY WITHOUT PAY
Date	VP HRSTM	APPROVED	DISAPPROVED	WITH PAY WITHOUT PAY

Reason for disapproval or other remarks _____

AFTER SIGNATURES ARE OBTAINED, EMAIL THIS FORM TO LeaveRequest@montgomerycollege.edu .
HRSTM OFFICE: Record the leave in the amount and in the category as approved on this form. If a faculty member's leave in the category listed has been exhausted or is insufficient, contact the dean immediately.