



LONG BEACH CITY COLLEGE
OFFICE OF HUMAN RESOURCES

REQUEST FOR UNPAID LEAVE OF ABSENCE

NAME: _____

CLASSIFIED

FACULTY

MANAGEMENT

EMPLOYEE ID#:
LBCC DATE OF HIRE:
DEPARTMENT:
TITLE:
Have you exhausted sick leave, vacation or other leave balances: <input type="checkbox"/> YES <input type="checkbox"/> NO

ORIGINAL REQUEST

CHANGE TO ORIGINAL REQUEST

I hereby request an unpaid leave of absence. I have indicated the type of leave, the dates and reason below.

TYPE OF LEAVE:

FAMILY and PERSONAL REASONS (Beyond FMLA)

STUDY AND RE-TRAINING

PROFESSIONAL DEVELOPMENT

RE-TRAINING

OTHER

DATES:

FROM: _____ TO: _____

Explain reason for request of unpaid leave of absence:

Use additional space if necessary and attach supporting documentation.

**Employee must notify their direct Supervisor and Management.
All requests for unpaid leave must be approved by Executive Committee.**

SIGNATURES:

EMPLOYEE:	DATE:
SUPERVISOR:	DATE:
DEAN/DIRECTOR:	DATE:
VICE PRESIDENT:	DATE:
HUMAN RESOURCES:	DATE:
SUPERINTENDENT/PRESIDENT:	DATE:

Unpaid Leave: Beyond 30 days, benefits are continued under COBRA at the employee's expense.

Board Approved _____
Human Resources
January 2021
Form # HR031

HR Use Only	
Leave balances as of: _____	
Sick: _____	Vac: _____
Floating Holiday: _____	
Mgmt Days: _____	
Stat Leave: _____	