

LOS ANGELES COMMUNITY COLLEGE DISTRICT
Office of Personnel Operations

CERTIFICATED SERVICE LEAVE OF ABSENCE REQUEST

Last Name	First Name	Middle Name	Employee Number
College or Division	Statue (Prob-Perm)		Subject Field or Position
Address	City	State	Zip Code Telephone Number

1. Please inform yourself as to the description, requirements and compensation for the type of leave you are requesting. See explanatory Personnel Guides available for references in your college office, or request a copy of the appropriate guide from the Office of Personnel Operations. **Do not use this form for Sabbatical Leave.** Call the office of Personnel Operations for appropriate forms.
2. I hereby request a (type of leave – see over) _____ leave from _____ to _____. I am now (on) (not on) a leave of absence. The required documents (see over) are attached.
3. **Submit this form to your president or vice chancellor for his/her recommendation.** The form will be forwarded to the Office of Personnel Operations. You will be notified regarding the disposition of this request.
4. **Information regarding your official address.** If your address will be changed during the time of the leave, submit address card (Form C333) to the Payroll Branch **just prior** to the beginning of the leave and at the completion of the leave. Confirmation of the change of District records will be mailed to the new address at the time the change is registered.
5. Remarks

6.	Signature of Applicant	Date
7.	Recommended for release Not recommended	Date
	President or Vice Chancellor	Date
8.	Reviewed and approved Not approved	Date
	Vice Chancellor, Division of Human Resources	Date
9.	Approved for processing Not approved for processing	Date
	Office of Personnel Operations	Date

LOS ANGELES COMMUNITY COLLEGE DISTRICT
Office of Personnel Operations

PART-TIME SERVICE LEAVE WITH FULL-TIME RETIREMENT BENEFITS SERVICE AGREEMENT

Instructions: Attach this form to Leave of Absence Request, Form C131, and submit to your college president or vice chancellor for transmittal to the Office of Personnel Operations. Approved leaves must be on file in Sacramento before the beginning of period indicated in I or II below.

Last Name	First	Middle	Employee Number
Social Security Number	College or Division	Subject Field or Position	

Indicate how the part-time service will be rendered in the appropriate category below.

Example: 2/5 leave; 3/5 assignment.

I. Academic Year: September 20____ to June 20____ (B or C basis employees only). Indicate Leave and probable service for both the fall and spring semesters (for example: Fall 1/5 leave, 4/5 assignment).

Fall: _____ leave; _____ assignment

Spring: _____ leave; _____ assignment

II. Fiscal Year: July 1, 20____ to June 30, 20____ (D basis employees only). Indicate leave and probable service for the entire year; specify the days and hours to be served.

_____ leave; _____ assignment

Signature of Applicant _____ Date _____

Recommended

Not Recommended

President or Vice Chancellor _____ Date _____

Requests for leaves that have been approved may be cancelled only upon the approval of the College president or vice chancellor and the Vice Chancellor, Human Resources Division. Such requests will be considered on the basis of convenience to the District. One of the factors to be considered is the arrangement that have been made for replacing the employee while on leave.