

June 2014

4.423:01 Request for Discretionary Leave

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APPROVAL PROCESS. MAIL, E-MAIL OR DROP OFF THIS COMPLETED REQUEST TO YOUR SUPERVISOR OR UNIT HEAD

NOTE: Requests for 15 workdays or less of unpaid leave requires TEN (10) days prior approval by employee’s Supervisor and Unit Head, or the Chancellor as appropriate. Requests for 16 workdays or more requires THIRTY (30) days prior approval by the employee’s supervisor and unit head, the Campus President or Regional CFO, or the Chancellor or Vice Chancellor/CFO for Central Administration employees.

Date Request for Discretionary Leave received:

Name of Supervisor or Unit Head receiving request:

Title of person receiving request:

Signature of person receiving request: _____

Date Approved by Supervisor:

Supervisor Signature: _____

Date Approved by Unit Head:

Unit Head Signature : _____

Date Approved by Campus President:

Campus President Signature: _____

Date Approved by Chancellor:

Chancellor Signature: _____

WHEN APPROVAL PROCESS IS COMPLETED, PROVIDE EMPLOYEE and HR DIRECTOR WITH A COPY OF THIS FULLY EXECUTED FORM.

Date Copy of Fully Executed form Sent to Employee and HR Director: