

**WEST VALLEY – MISSION COMMUNITY COLLEGE DISTRICT
APPLICATION FOR BANKED LEAVE**

Application review / approval process must be completed by the 3rd Friday in the semester prior to semester of leave.

Current Balance: _____ WVC Pre-Retirement (include plan) _____
Employee Initial: _____ MC Load Adjustment _____

If you are requesting multiple semesters / academic years, please submit one form for each request.

<p><input type="checkbox"/> Partial Semester</p> <p>Previous Semester Leave Taken? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when? _____</p> <p>Banked load requested: <input type="checkbox"/> Regular <input type="checkbox"/> Pre-retirement _____ % for _____ Semester during _____ Academic year.</p>	<p><input type="checkbox"/> Full Semester</p> <p>Previous Semester Leave Taken? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when? _____</p> <p>Banked load requested: <input type="checkbox"/> Regular <input type="checkbox"/> Pre-retirement _____ % for _____ Semester during _____ Academic year.</p>
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A. APPLICANT TO COMPLETE

_____ Name _____ Department _____ Division _____

Comments: _____

Applicant's Signature: _____ Date: _____

B. RECOMMENDATIONS *(To ensure application is processed in a timely manner, the applicant is encouraged to obtain appropriate signatures.)*

1. Department Chair / Appropriate Supervisory Administrator

Approved Not Approved *(Notify the member in writing.)*

Program Impact _____
 Proposed Alternative Coverage _____
 Current Status of Associate Pool _____

Signature: _____ Date: _____

2. Division Dean

Approved Not Approved *(Notify the member in writing.)*

Signature – Division Dean: _____ Date: _____

3. Appropriate V.P. (Completed by the deadline in the semester prior to semester of leave.)

Approved Not Approved *(Notify the member in writing.)*

Signature – Vice President: _____ Date: _____

For HR Use Only:

Disc Council Date: _____ Log Date: _____ Rec'd in HR: _____ Rec'd by: _____ Monthly Rate: \$ _____