

**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

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

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

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

Signature – Division Chair: _____ 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: _____

4. Admin Specialist

Signature – Admin Specialist: _____ Date: _____