West Valley-Mission Community College District

HUMAN RESOURCES **REQUEST FOR REJUVENATION AND/OR RETRAINING LEAVE**

14000 Fruitvale Avenue, Saratoga, CA 95070

INSTRUCTIONS: Please complete and submit three copies to the college president. A copy will be returned to the employee upon completion of the process. Deadlines must be met for initial consideration. Applications received after the deadline will be considered based upon availability of leaves.

NAME _____ DISCIPLINE _____

COLLEGE _____ PHONE NUMBER _____

LEAVE CRITERIA

_____Rejuvenation Leave

Criteria:
1. Benefit to the individual.
2. Length of service to the district.
3. List all leaves granted within the past 3 years: _____ _____ _____

_____Retraining Leave

Criteria:
1. Retraining in area is a need of the college.
2. Working in industry to develop or update skills and/or gain experience.
3. Criteria 1 and 2 above.

I request leave of absence from: _____ to _____

Please describe how this leave will be beneficial to you and/or the district:

_____

_____

_____

_____

_____

_____

_____

_____

_____

Employee Signature _____ Date _____

Date Received: _____ ☐ RECOMMENDED ☐ NOT RECOMMENDED

Signature of President _____ Date _____

Received by Human Resources _____ Date _____

1 copy to Personnel
1 copy to College President
1 copy to Employee

Updated: 10/2017