



This form is used for requesting a formal leave of absence or for requesting an extension to an existing leave of absence. This form may not be used for Sabbatical or Retraining Leaves. For sabbatical/retraining leave forms, go to www.laccd.edu/sabbatical.

Please print or type and ensure all information is provided as omissions can delay processing.

EMPLOYEE TIP SHEET

Last Name _____ First Name _____ Middle Name _____ Employee Number _____

Service: Academic, Regular Academic, Adjunct Classified

Assignment:

Location _____ Title of Position _____ Subject Field / Department _____

1. LEAVE REQUESTED:

Leave Dates:

Type of Leave _____ Start _____ End _____

Full-Time Leave Part-Time Leave: Reduce to _____ hours or _____ percentage per week.

Illness Leave Option: If full-time illness quota exhausts use available vacation quota in lieu of:
 No Pay Available Half-Pay Illness quota

2. LEAVE STATUS: Are you currently on a leave of absence? No Yes, Identify _____

3. REMARKS (OPTIONAL): _____

4. SIGNATURES:

PROCESSING STATUS

IF PERMISSIVE LEAVE

Recommended
 Not Recommended

Recommended
 Not Recommended

Approved for Processing

Not Approved for Processing, Indicate Reason: _____

IF MANDATORY LEAVE

Acknowledged

Acknowledged

Employee-Applicant _____ Date _____

Department Head \ Supervisor _____ Date _____

Supervising Vice President, District Office Equivalent _____ Date _____

Human Resources Official, District Office _____ Date _____

INFORMATION FOR EMPLOYEE CONCERNING A LEAVE OF ABSENCE

- **Types of Leaves:** The description, requirements, and compensation for the types of leaves available are found in collective bargaining agreements, Human Resource Guides, and Personnel Commission Rules. Please inform yourself of leave requirements and compensation before submitting a leave for processing.
- **Supplemental documents may be required.** Employees requesting an illness leave or industrial accident, including disability due to pregnancy and/or childbirth, must include an Attending Physician's Statement with the submission of this or any extension of an illness or industrial accident leave. Other types of leaves may require additional documents.
- **Your official address while on leave:** If your address will be changed during the time of the leave, submit an "Address and Warrant(s) Recipient Designation" form to Payroll Services, District Office, 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.
- **Information regarding return to work:**
 - Employees desiring to return to work prior to the end day shown on their approved leave of absence must submit a Leave of Absence: Early Return Request form prior to returning to work.
 - Employees returning from an illness or industrial accident leave must submit an Attending Physician's Statement form prior to returning to work.
 - Failure to return to work upon expiration of a leave of absence may be considered abandonment of position. See applicable collective bargaining unit agreement, Human Resource Guides, and Personnel Commission Rules for details.

For further assistance with leave requirements, contact your location Personnel Office.



This form is to accompany all illness leave absences of six (6) or more days, any illness absence extension request, and when the employee has recovered from his/her illness or disability and is able to return to work.

Please print or type and ensure all information is provided as omissions can delay processing.

EMPLOYEE TIP SHEET

A. TO BE COMPLETED BY EMPLOYEE

Last Name _____ First Name _____ Middle Name _____ Employee Number _____

Service: Academic, Regular Academic, Adjunct Classified

Assignment:

Location _____ Title of Position _____ Subject Field / Department _____

Date of First Absence: _____

B. TO BE COMPLETED BY THE ATTENDING PHYSICIAN

The information in the "Additional Information" box below is provided to assist you with understanding the significance of your recommendations regarding an employee's ability to perform his/her assigned duties. We request that you indicate, to the best of your professional judgment, the date(s) your patient will be physically unable to perform his/her assigned duties. An LACCD medical consultant may contact you to obtain additional information.

The above named employee is under my professional care as follows:

- Reason for Absence:** Hospitalization Confinement to Bed Confinement to Home
 Otherwise Restricted, Explain: _____
- Care Visitation Dates:** First Visit: _____ Last Visit: _____
- Extent of Disability:** _____

<p>4. A. Absence Period: Write <u>approximate</u> date employee may return to full duty here. → _____ Date</p>	OR	<p>B. Permit to Return to Work: Write <u>actual</u> date employee is authorized to return here. → _____ Write any restrictions in Item 1 above. Date</p>
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5. Signature:

 Licensed Physician / Other Practitioner Type or Print Name and Degree Date

 Street Address City State Zip Code

ADDITIONAL INFORMATION FOR EMPLOYEE AND PHYSICIAN

- "Light Duty" Assignments:** LACCD Board Rules require that each employee must be able to perform all duties of the assignment. Employees requesting a return to work with restrictions on their activities must contact their supervisor for clearance prior to returning to work. Each request is considered based on the duties of the position, and may require that the employee receive clearance from a physician and/or a District medical consultant prior to reporting for work.
- Pregnancy and Childbirth:** LACCD policy provides illness leave benefits to eligible employees for disabilities cause by pregnancy and childbirth under the same conditions as for any other disability. Eligible employees can apply for paid illness leave whenever they are physically unable to perform their assigned duties. They can also apply for unpaid leaves for other reasons (personal, child care, rest, etc.). A pregnant employee can continue working as long as she is able to perform her assigned duties. After termination of pregnancy or childbirth, the employee can remain on paid illness leave until she is physically able to return to her assigned duties. If she wishes to continue on leave, she may request an unpaid personal or child care leave.