

NAME: _____

EMPLOYEE ID#: _____

The hours of absence will be deducted from salary if enough leave has not been accumulated to cover the leave taken. The Payroll Department will deduct the appropriate hours from the next salary warrant. NOTE: See reverse side for category definitions.

DEDUCTIBLE FROM LEAVE

	Date(s) and Hours	Total # of Hours
<input type="checkbox"/> Sick Leave (not related to an industrial injury/illness)		
<i>Deducted from sick leave:</i>		
<input type="checkbox"/> Personal Necessity		
<input type="checkbox"/> Protected Sick Leave (Kin Care)		
<input type="checkbox"/> Emergency Paid Sick Leave Act		
<input type="checkbox"/> Parental Leave		
<input type="checkbox"/> Leave to Appear at Child's School		
Qualifying reason: _____		
<input type="checkbox"/> Military Leave		
<input type="checkbox"/> Vacation (not applicable for faculty)		
<input type="checkbox"/> Personal Business (not applicable for part-time faculty) Faculty Only - Provide name of substitute: _____		
<input type="checkbox"/> Comp Time		

FACULTY ONLY – Absence was from: regular contract hours overload hours

NON-DEDUCTIBLE FROM LEAVE

	Date(s) and Hours	Total # of Hours
<input type="checkbox"/> Bereavement: List relationship: _____		
<input type="checkbox"/> Jury Duty and Witness Leave (attach proof of services)		
<input type="checkbox"/> Assigned Napa Valley College Activity/Conference		
<input type="checkbox"/> *Industrial Injury/Illness (Workers' Compensation) _____ *Signature of Risk Management Office Representative _____ Date		

DEDUCTIBLE FROM SALARY

<input type="checkbox"/> I have accumulated paid leave to cover the absence listed below, but I choose to have the hours deducted from my pay warrant as unpaid leave.		
<input type="checkbox"/> I do not have accumulated paid leave to cover the absence listed below, and I understand that these hours will be deducted from my pay warrant as unpaid leave.		
Reason	Date(s) and Hours	Total # of Hours

Signature of Employee

Date

In accordance with Board policy, administrative regulations, and negotiated contracts, this leave request should be granted.

Signature of Supervisor

Date

PLEASE SUBMIT TO THE OFFICE OF HUMAN RESOURCES, TRAINING & DEVELOPMENT

PERSONAL ILLNESS OR INJURY LEAVE (SICK LEAVE)

In case of illness or other emergency, your supervisor should be notified as soon as possible. All employees should submit a leave slip with physician's statement attached for any planned illness or injury absences in excess of one week.

All Employees:

- A physician's statement must be filed for any sick leave in excess of five days, no later than five days after returning from leave.

Faculty:

- A contract/regular (tenure-track/tenured) faculty unit member who is absent for a full day, shall have a full day deducted from his/her accumulated leave and a contract/regular faculty member who works for only a portion of his/her scheduled work day shall have one-half day deducted from his/her accumulated leave.
- Part-time, hourly credit and noncredit faculty and overload assignments earn one hour of sick leave for every 17.5 hours of teaching, counseling, or librarian work. Leave is deducted on an hour-for-hour basis.

PERSONAL NECESSITY (DEDUCTED FROM SICK LEAVE)

Acceptable uses of personal necessity leave are outlined in employee labor agreements and district policy. The reason for this absence must be stated on the absence form.

Contract/Regular Faculty, Administrative/Confidential: Maximum of six days per fiscal year. Classified: Maximum of six days per fiscal year. Part-Time, Hourly Credit Instructors: Maximum of 6 hours per semester.

PROTECTED SICK LEAVE (KIN CARE - DEDUCTED FROM SICK LEAVE)

Applies to absences due to medical appointments for and/or an illness of a child, parent, spouse, or registered domestic partner of the employee. The reason for this absence must be stated on the absence form.

Contract/Regular Faculty: Maximum of five days per academic year. Administrative/Confidential and Classified: Maximum of six days per fiscal year. Part-Time, Hourly Credit and Noncredit Instructors: Maximum 6 hours per semester.

EMERGENCY PAID SICK LEAVE ACT

Paid sick leave under the Emergency Paid Sick Leave Act may be accessed for employee or employee caring for a household member for recovery, quarantine, or school/child care closure as a direct result of COVID-19. It is in addition to other leave provided under Federal, State, or local law, and applicable collective bargaining agreement. A full-time employee may take up to two weeks (or 80 hours) of paid sick leave or 2/3 of the employee's regular rate of pay in a two work week period (subject to limitations) for any combination of qualifying reasons. Employees may supplement the 2/3 with accrued sick leave. Certification required for qualified reason.

PARENTAL LEAVE (DEDUCTED FROM SICK LEAVE)

Up to twelve work weeks for reason of the birth of a child of the employee, or the placement of a child with an employee in connection with the adoption or foster care of the child by the employee.

LEAVE TO APPEAR AT CHILD'S SCHOOL (DEDUCTED FROM SICK LEAVE)

For school activities, up to 40 hours per year, but not to exceed more than eight hours in one calendar month. For school suspensions, there is no limit.

PERSONAL BUSINESS DAYS

Contract/Regular Faculty: One day per semester, not charged to personal illness and injury leave. The unit member shall reimburse the District for the actual cost of a substitute. The unit member must give the District five working days notice.

Administrative/Confidential and Classified: Two days (16 hours) per year, not charged to personal illness and injury leave. The employee must give the District three working days notice. The leave may be taken in increments of one hour.

BEREAVEMENT LEAVE

Death of any member of immediate family (see definition below). Up to one day allowed to attend the funeral of a close relative or in-law.

Faculty: Up to three days, or five days if travel in excess of 300 miles one way is required. Administrative/Confidential and Classified: Up to five days.

INDUSTRIAL INJURY/ILLNESS (WORKER'S COMPENSATION) OR INDUSTRIAL INJURY/ILLNESS-RELATED DOCTOR'S APPOINTMENT

Leave is not charged to personal injury or illness leave (sick leave). To qualify, employee must complete (or have already completed) a Worker's Compensation Claim Form (DWC Form 1) and submit it to Risk Management. Leave is subject to review by W/C insurance carrier and any lost time related to a claim that is rejected will be charged to personal sick leave.

The above summarizes language from employee labor agreements and district policy to aid employees in completing the Request for Leave form. Nothing listed above shall supersede actual employee labor agreements and district policy. Less-than-full-time and less-than-twelve-month employees have their Personnel Necessity, Protected Sick Leave, and Personal Business Leave prorated accordingly.