



MPC

HUMAN RESOURCES
MONTEREY PENINSULA COLLEGE

LEAVE OF ABSENCE (LOA) REQUEST

1. This is the MPC form to request all types of leaves of absence. Certain leaves are handled within departments such as vacation leave requests and short-term illness or injuries lasting less than 5 days. These leave requests are retained by the supervisor/administrator.
2. **Turn in this form to Human Resources in all cases of Medical Leaves due to illness or injury that last five (5) days or more.** Complete the *Leave Requested* section of this form and turn in to your immediate supervisor in advance of medical leave. Human Resources tracks protected leaves and paid leaves, and provides employee and supervisor notice of these leaves as required by law. The leaves in the shaded area below are "protected leaves" and are tracked by HR. **All leave requests within the shaded area must be turned in to HR except for sick leave lasting less than five (5) days.**
3. When advance notice is not possible (i.e. unscheduled sick leave), employee submits form upon return to duty. In the absence of a signed request for medical leave, managers/supervisors are obligated to notify Human Resources within five (5) days whenever an employee is absent for five (5) days or more due to illness or injury, or for any other reason without prior approval.
4. This form provides a consistent format, across all college sites, for submission of leave requests and for supervisors to receive requests for leaves of absence under the varied leave provisions covered in the collective bargaining agreements, board policy, and administrative procedure. For consistency and equity across the institution, use only this form to request leave. Advance approval required for vacation leave.

EMPLOYEE NAME: _____ ID: _____ (FUTURE USE)

DEPARTMENT: _____ LOCATION: Monterey Marina PSTC

CATEGORY: Classified Admin/Supv F-T Faculty P-T Faculty STNC/Hourly

LEAVE REQUESTED

- | | | |
|---|-------------|-----------|
| <input type="checkbox"/> Sick/Medical Leave* | From: _____ | To: _____ |
| <input type="checkbox"/> Maternity/Pregnancy Disability** | From: _____ | To: _____ |
| <input type="checkbox"/> Parental/Bonding Leave* | From: _____ | To: _____ |
| <input type="checkbox"/> Care of Ill Family Member** | From: _____ | To: _____ |

* Doctor's note may be required

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Vacation From: _____ To: _____

Personal Necessity Leave From: _____ To: _____

- | | |
|---|--|
| <input type="checkbox"/> Death/Serious Illness of Family Member | <input type="checkbox"/> Accident (Person or Property) |
| <input type="checkbox"/> Appearance in Court | <input type="checkbox"/> Personal Business |

Judicial/Jury Duty Leave*** From: _____ To: _____

Bereavement Leave ^ From: _____ To: _____

Military Leave ^ From: _____ To: _____

STNC Leave / Leave Without Pay ^ From: _____ To: _____

*** Submit Verification from Court

^ Additional Documentation may be required

I certify that the requested Leave of Absence is for the purpose indicated and further that such leave will be used as prescribed.

Employee's Signature: _____ Date: ____/____/____

Manager Name/Signature: _____/_____ Date: ____/____/____

- Approved / Acknowledged
- Not Approved (give reason) _____

RECEIVED IN HUMAN RESOURCES (date): _____