

Leeward Community College
REQUEST FOR LEAVE OF ABSENCE DURING CONTRACT DUTY PERIOD
(Instructional and/or Non-Instructional Days)
Submit Request 4 Weeks Prior to Event

_____ Travel, Intra-State
_____ Travel, Inter-State / Foreign
_____ Personal Leave

1. Name of Instructor: _____ Ext: _____

Division: _____

2. Total Number of Days Requested for Absence: _____

From: _____, _____ To: _____, _____
Day of the Week Date Day of the Week Date

Reason for Absence:

3. Instructional Faculty: *Indicate how classes will be covered during absence. Each class period, including overload(s), should be covered and/or taught by qualified LCC instructional personnel. List each class with day, date, time, activity, and name of replacement, if known.*

Non-Instructional Faculty: *Indicate how services will be covered during absence.*

Instructor's Signature Date

APPROVED / DISAPPROVED

Make-Up Days: _____ to _____

Explanation:

Division Chair Date

APPROVED / DISAPPROVED

Program Dean Date

Original retained by Division Chair

cc: Instructor
Program Dean