



DIABLO VALLEY COLLEGE REQUEST FOR LEAVE

Leaves must have one week advanced approval (except emergencies).

EMPLOYEE FIRST NAME	EMPLOYEE LAST NAME	DATE
SUPERVISOR/MANAGER NAME	DEPARTMENT	

I request leave for the following (check one):

<input type="checkbox"/>	Sick Leave (<i>5 days or more requires a doctor's note</i>)	<input type="checkbox"/>	Fieldtrip (<i>Attach documentation</i>)
<input type="checkbox"/>	Personal Necessity Leave	<input type="checkbox"/>	Meeting or Conference Leave (<i>Attach documentation</i>)
<input type="checkbox"/>	Vacation Leave	<input type="checkbox"/>	Jury or Witness Leave (<i>Attach documentation</i>)
<input type="checkbox"/>	Other (<i>insert explanation below</i>):	<input type="checkbox"/>	Bereavement Leave
	Explanation:		
DATE(S) FOR LEAVE REQUEST		INDICATE NUMBER OF HOURS (if less than full day)	
REASON FOR LEAVE (not necessary for personal leave)			
<i>For meeting/conference leave requests where expense reimbursement is anticipated, complete the following:</i>			
ESTIMATED COST		GL #	

For Faculty: Please indicate what arrangement you have for your class/lab/office hour.

Please note: Request for substitutes must be approved by the department chair and subs must be processed CCC faculty.
The first class missed is usually cancelled unless an exception is granted by the division dean.

COURSE	DATE	TIME	CANCEL	SUB	SUBSTITUTE NAME	DEPT. CHAIR INITIALS
OFFICE HOURS	DATE	TIME	CANCEL	RESCHEDULE	RESCHEDULED TIME/DATE	

DEAN/MANAGER SIGNATURE	DATE

<input type="checkbox"/>	APPROVED	<input type="checkbox"/>	NOT APPROVED	
VICE PRESIDENT SIGNATURE				DATE