**KISHWAUKEE COLLEGE**

# Adjunct Faculty Leave Request Form

|  |
| --- |
| Employee Information |
| Name: |  | **Employee ID Number:** |  |
| Department: |  | **Date:** |  |

**List missed classes and briefly explain any arrangements for covering classes.**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Date | Course(s) & Section | Class Duration | Arrangement | ¹Usage | Leave Type |
| Day 1 |  | 1. |  |  | [ ]  ½ Day [ ]  Full Day  | [ ]  Personal [ ]  Jury[ ]  ²($30)[ ]  ²($50) |
| 2. |  |  |
| 3. |  |  |
| Day 2 |  | 1. |  |  | [ ]  ½ Day [ ]  Full Day  | [ ]  Personal [ ]  Jury[ ]  ²($30)[ ]  ²($50) |
| 2. |  |  |
| 3. |  |  |
| Day 3 |  | 1. |  |  | [ ]  ½ Day [ ]  Full Day  | [ ]  Personal [ ]  Jury[ ]  ²($30)[ ]  ²($50) |
| 2. |  |  |
| 3. |  |  |

¹Round total class duration per day up to the nearest hour increment. Ex: 1.25 hour class to 2 hours. If total class duration is equal to 4 or less hours, select ½ Day. If class duration total is greater than 4 hours, select Full Day.

² After all available Personal time is exhausted, a reduction in pay will take place for each occurrence. If total hours missed is less than or equal to four (4) hours of instruction in a day, thirty dollars ($30.00) will be charged. If total hours missed is greater than four (4) hours of instruction in a day, fifty dollars ($50.00) will be charged.

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**Employee Signature Date**

# PLEASE SUBMIT TO DIVISION OFFICE FOR DEAN APPROVAL

**Approved:** [ ]  **Yes** [ ]  **No**

**FOR HUMAN RESOURCES USE ONLY**

**Date Processed: \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Available Balance (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Total Deduction (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Immediate Supervisor/Dean Signature Date**