

JACKSON STATE COMMUNITY COLLEGE

Faculty Leave Request

TBR Guidelines 5:01-01-00 through 5:01:01:17

Faculty are to complete this form as soon as the need for the absence is known. If an emergency, complete the form immediately upon return to campus. If the leave is for out-of-town, college-related activities approved by the supervisor, also complete a Travel Authorization Request form. *Note: Leave is to be requested whenever absent from scheduled classes or on-campus hours, even if classes are covered by another faculty member.*

I, _____ hereby request _____ leave for the
Faculty Name Number of hours
following date(s): From: _____ To: _____
Time Date Time Date

Charge Leave to:

Sick Leave _____ Annual Leave (12-month faculty only) _____
Without Pay* _____ With Pay** (Must be approved by supervisor) _____
Other _____ (Specify type. See TBR Guidelines 5:01-01-01 through 5-01-01-17)

Examples:

*Without Pay: Attend family member's activity, take care of personal business, attend civic function of personal interest, attend professional association meeting not related to JSCC responsibilities.

**With Pay: Attend professional meeting related to JSCC responsibilities, participate in civic function as designated representative of JSCC, significant life event.

Reason for request:

If classes will be missed, list which ones and how they will be covered.

Faculty Signature

Date

For Department Chair or Dean's completion.

Approved _____ Denied _____

Comments: _____

Supervisor Signature

Date

Maintain a copy of this record in department file for not less than 3 years. (TBR Guideline G-070)