

REID STATE TECHNICAL COLLEGE

LEAVE REQUEST FORM

SICK LEAVE: Sick leave benefits will be granted only for the following reasons, as adopted by resolutions of the State Board of Education:

- A. Personal illness
- B. Bodily injury which incapacitates an employee
- C. Attendance upon an ill member of the immediate family of the employee
- D. Death of a member of the family

Accumulate an unlimited number of sick leave days.

EMERGENCY LEAVE: "Emergency" is an unforeseen circumstance which requires immediate action by an employee. In situations where annual and sick leave have been exhausted, the president may approve emergency leave to an employee up to a maximum of three days per leave year. Emergency leave days are not accumulated nor paid on termination or resignation of employment. Emergency leave is for non-instructional employees only.

PERSONAL LEAVE: Personal leave is granted by the President's approval in accordance with State Board Policy, which is as follows:

- A. Two days of personal leave may be granted after approval of request for non-instructional employees.
- B. Five days of personal leave may be granted after approval of request for instructional employee.
- C. Requests for personal leave shall be made at least 24 hours in advance of the starting time of such leave
- D. At no time shall personal leave be granted to employees of the institution in such numbers that their absences would impede and impair institutional operation.

ANNUAL LEAVE: Annual leave benefits will be granted only to Administrative and Support Staff. Annual leave may be taken at the appropriate time as approved in advance by the President. Annual Leave can be accumulated to 60 days.

COMPENSATORY LEAVE: All personnel at Reid State Technical College are expected to perform the duties of their positions during regularly scheduled work hours. On occasion it is necessary for employees to work additional hours to perform their duties. In some instances employees may receive leave to compensate for extra hours worked. Guidelines are stated in the State Policy Manual.

REFER TO STATE POLICY MANUAL FOR OTHER TYPES OF LEAVE

DATE: _____

TYPE OF LEAVE: _____

DATE(S) OF ABSENCE: Beginning: _____ Ending: _____ Number of Hours: _____

EMPLOYEE NAME: _____

EMPLOYEE SIGNATURE: _____

APPROVED: _____
Supervisor/Department Chair

President

APPROVED: _____
Dean of Students & Instructional Services

| Business Office | |
|-----------------|-------|
| Employee No. | _____ |
| Date Proc. | _____ |