

COMPENSATION AND BENEFITS
LEAVES AND ABSENCES

DEC
(EXHIBIT)

The following forms will be used by the College District for the sick leave bank:

- Exhibit A: Sick Leave Bank Enrollment Form — 1 page
- Exhibit B: Sick Leave Bank Application Form — 2 pages
- Exhibit C: Request for Educational Leave — 1 page
- Exhibit D: Community Service Leave (CSL) Request Form — 1 page

EXHIBIT A

SICK LEAVE BANK ENROLLMENT FORM

Name (Last, First, M): _____

SS# or Colleague ID #: _____

College Campus: _____

I understand that an eight-hour deduction will be made from my annual sick leave on September 1 of each year and contributed to the sick leave bank. In addition to the eight hours, I wish to contribute _____ sick leave hours (not to exceed 16 hours) on September 1 of each year. (Note: The maximum annual contribution is limited to 24 hours).

The deduction will continue annually until the employee directs otherwise in writing or unless policy changes. If an employee chooses to terminate his or her enrollment in and contribution to the sick leave bank, access to the bank by that employee will be limited to the number of hours contributed by the employee.

Employee Signature

Date

Failure to sign and date the form will void the transfer.

Return the **original** completed form to:

Human Resources Coordinator
Flores Building
Uvalde Campus

Human Resources Office Use Only

Date of benefit: _____ First day not present on the job: _____
Date paid leave ends: _____ Has current leave been input: ____Yes ____No
Does employee have disability insurance coverage? ____Yes ____No Type __STD __ LTD __Both
Employee applied for disability insurance? ____Yes ____ No
Is the employee applying for/or on workers' compensation? ____Yes (Beginning on _____) ____No
Has the employee returned to work? ____Yes ____No Return to work date: _____
Comments: _____

____ Approved Leave time is recommend for _____ days _____ hours, or until employee returns to work, whichever occurs first.

President HR Coordinator Date

Sick Leave Bank Hours Input: _____ Input By: _____

EXHIBIT C

REQUEST FOR EDUCATIONAL LEAVE

Name of Employee: _____ Date: _____

Department/Title of Position: _____

Title of Course/Training: _____

Agency/Institution Providing the Course/Training: _____

Brief statement of the purpose of the course/training:

Dates and times of the training: _____

Note: Upon approval, documentation must be provided to the immediate supervisor to demonstrate the registration for the course/training. Documentation must also be submitted to the immediate supervisor to show completion of the course/training and be recorded in the "PD Planner."

Approval date: _____

Supervisor signature/date: _____

Employee signature/date: _____

Reasons for denial:

Date: _____

Supervisor signature/date: _____

Employee signature/date: _____

EXHIBIT D

COMMUNITY SERVICE LEAVE (CSL) REQUEST FORM

Name of Employee: _____

Department: _____

Date and Location of CSL: _____

Number of Hours Requested: _____

Description of CSL Activity:

I understand that the hours I use for CSL must be reported on my monthly absence report and that I cannot exceed 16 hours for the fiscal year.

Employee Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____