



LONG BEACH CITY COLLEGE
OFFICE OF HUMAN RESOURCES

REQUEST FOR UNPAID LEAVE OF ABSENCE

NAME: _____

CLASSIFIED

FACULTY

MANAGEMENT

EMPLOYEE ID#:
LBCC DATE OF HIRE:
DEPARTMENT:
TITLE:
Have you exhausted sick leave, vacation or other leave balances: YES NO

ORIGINAL REQUEST

CHANGE TO ORIGINAL REQUEST

I hereby request an unpaid leave of absence. I have indicated the type of leave, the dates and reason below.

TYPE OF LEAVE:

DATES:

FROM: _____ TO: _____

Explain reason for request of unpaid leave of absence:

Use additional space if necessary and attach supporting documentation.

**Employee must notify their direct Supervisor and Management.
All requests for unpaid leave must be approved by Executive Committee.**

SIGNATURES: