

COLLIN COLLEGE APPLICATION FOR LEAVE

(Adjunct Faculty and CE Instructors)

Name	CWID	Dept.	Date
Position	Cost Center	Spend Category	Campus:
<input type="checkbox"/> Adjunct Faculty and Part-time Staff (Complete this form for Leave without Pay or Military Leave only) Is Sub Required? Yes <input type="checkbox"/> No <input type="checkbox"/> Course #: _____ Course #: _____ Course #: _____ Course #: _____ IF SUB REQUIRED, GIVE NAME: _____ Sub CWID _____			
TYPE OF LEAVE	TOTAL HOURS USED	FIRST DAY, MM / DD / YY	LAST DAY, MM / DD / YY
SEND TO HR FIRST:			
Jury Duty (Submit in Workday)			
Military Leave			
Leave without Pay			
Email facultyload@collin.edu immediately if LWOP occurs after the 15th of the month	For HR Use Only:		
	Please note: Embedded faculty are paid by the ISD rather than by Collin College Payroll. Contact Raul Martinez rjmartinez@collin.edu to discuss how to best handle the Embedded Faculty time off.		
In compliance with written college policies and procedures, I certify that I am eligible to receive leave as requested and that the statements above are true and correct.			
Employee Signature _____		Supervisor _____	
Approval _____		_____	
VP/Dean/Director		Date	
HR: Balance Available as of _____			Date _____

- Steps
1. Employee keeps a copy of this form upon origination of the request.
 2. Send Military or Leave without Pay to Human Resources.
 3. If a sub was required for a faculty absence, this form **must** be accompanied by sub form(s).
 4. Send complete forms to facultyload@collin.edu