

# Full-time Counseling Faculty Request for Short-Term Leave

| MC # | Last Name | First Name | Department | Campus | Date Submitted |
|------|-----------|------------|------------|--------|----------------|
|------|-----------|------------|------------|--------|----------------|

This form shall be used by full-time counseling faculty for short-term leave, as indicated below.  
 After the appropriate signatures are obtained, it should be emailed to [LeaveRequest@montgomerycollege.edu](mailto:LeaveRequest@montgomerycollege.edu).  
**NOTE: One form should be submitted for each pay period under which the leave request falls.**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> RECESS LEAVE   | <input type="checkbox"/> Professional Meeting  | <input type="checkbox"/> Bereavement Leave |
| <input type="checkbox"/> Personal Leave | <input type="checkbox"/> Civil Leave*<br>(Jury duty or witness, <i>attach subpoena</i> ) | <input type="checkbox"/> Other _____       |
| <input type="checkbox"/> Sick Leave     | <input type="checkbox"/> Military training**<br>( <i>attach orders</i> )                 |  |

\*Per Montgomery College Procedure 35003CP G.3, compensation received during this service (not including meal or travel reimbursement) must be submitted to the College when an employee is on paid leave.  
 \*\*Per Montgomery College Procedure 35003CP H.2, compensation received during this service (not including meal or travel reimbursement) must be submitted to the College when an employee is on paid leave.

Date(s): \_\_\_\_\_ Amount of leave requested:  \_\_\_\_\_ Hours  \_\_\_\_\_ Days

If substitute needed for class(es), when: \_\_\_\_\_

Name of substitute, if known: \_\_\_\_\_  
 Reason for leave (other than recess or personal): \_\_\_\_\_

|      |   |  |  |  |  |
|------|---|--|--|--|--|
| Date | Signature of Requestor                    | SUPPORT <input type="checkbox"/> DO NOT SUPPORT <input type="checkbox"/> |  |  |  |
| Date | Department Chair/Unit Coordinator         | APPROVED <input type="checkbox"/> DISAPPROVED <input type="checkbox"/>   |  | WITH PAY <input type="checkbox"/> WITHOUT PAY <input type="checkbox"/> |  |
| Date | Dean of Student Affairs/Designee          | APPROVED <input type="checkbox"/> DISAPPROVED <input type="checkbox"/>   |  | WITH PAY <input type="checkbox"/> WITHOUT PAY <input type="checkbox"/> |  |
| Date | Vice President & Provost (if appropriate) | APPROVED <input type="checkbox"/> DISAPPROVED <input type="checkbox"/>   |  | WITH PAY <input type="checkbox"/> WITHOUT PAY <input type="checkbox"/> |  |

Reason for disapproval or other remarks \_\_\_\_\_

**AFTER SIGNATURES ARE OBTAINED**

FOR RECESS LEAVE: Maintain records in the Dean of Student Affairs' Office.  
 FOR ALL OTHER LEAVE: email it to [LeaveRequest@montgomerycollege.edu](mailto:LeaveRequest@montgomerycollege.edu).  
**HRSTM OFFICE: Record the leave in the amount and in the category as approved on this form. If a faculty member's leave in the category listed has been exhausted or is insufficient, contact the dean immediately.**