

Application for Unbanking

Important: Faculty members MUST apply to unbank accumulated LHE **no later than** the fourth week of the semester prior to the semester during which the LHE would be unbanked.

Name: _____ Department: _____

1st Choice-Requested Semester: _____ Requested LHE: _____

2nd Choice Semester: _____ Next Evaluation Semester: _____

By signing below, I agree to the following:

I am requesting to unbank the above LHE for the requested semester. In the event the District is unable to grant this leave request, my second choice semester unbanking is listed. I understand that if I am approved to unbank a full semester (15 LHE), I am not eligible to unbank another full semester for three academic years. I understand that full-semester unbanking and sabbaticals are limited to 6% of the faculty in any one semester. The order of priority for unbanking and sabbatical leaves is as follows: sabbatical leaves, faculty members who have not previously unbanked leave, and faculty members who have previously unbanked leave by order of seniority.

I am certifying that: (a) the program will not be jeopardized by my absence, (b) competent staff are available to teach the classes/provide the services vacated by me, and (c) the request to unbank will be not interfere with a scheduled evaluation.

For more information regarding conditions for banking and unbanking, please see the District/Faculty Assembly Agreement, section D.3.0.

Sign and date below then email the form to the Employee Relations Specialist, Sona Wolfe, at swolfe@miracosta.edu.

Faculty Signature _____ Date _____

EMPLOYEE RELATIONS SPECIALIST COMPLIANCE VERIFICATION

Application for Unbanking meets CBA compliance requirements: ☐ Yes ☐ No

Last semester unbanked: _____

Employee Relations Specialist: _____ Date _____

DEPARTMENT CHAIR/DEAN/VICE PRESIDENT RECOMMENDATION/APPROVAL☐ Request Approved for (semester): _____☐ Request denied due to: _____

By approving this banked time off and signing below you are certifying that: (a) the program will not be jeopardized by the absence of the faculty member, (b) competent staff are available to teach the classes/ provide the services vacated by the regular faculty member, and (c) the request to unbank will be not interfere with a scheduled evaluation.

Department Chair Signature_____
Date_____
Dean Signature_____
Date_____
Vice President Signature_____
Date**APPROVAL OF THE SUPERINTENDENT/PRESIDENT***The time selected for banked time off, as recommended, has my approval*_____
Signature_____
Date**ROUTING UPON SUPERINTENDENT/PRESIDENT APPROVAL**☐ VPI Exec Assistant ☐ Faculty Member ☐ VPHR ☐ Employee Relations Specialist ☐ Payroll**FOR PAYROLL OFFICE USE ONLY**

Total LHE Banked to Date	
Total LHE Off <i>(for unbanking only)</i>	
LHE Remaining <i>(for unbanking only)</i>	
LHE Compensation Rate in Effect	
Account Distribution	
Pay I.D.	
Position Number	
Record Number	