

RANDOLPH COMMUNITY COLLEGE
APPLICATION FOR EDUCATIONAL LEAVE

Submit one (1) copy only to your immediate supervisor (See Educational Leave Policy for timelines)

Date _____

Name _____

Date employed at Randolph Community College _____

Number of academic years since last educational leave _____

Educational Leave Request: With Pay Without Pay

Reason for educational leave (relevance to assigned duties):

Name of Institution(s) providing course(s) or training:

Course(s) Number(s) and Title(s) Graduate Undergraduate

A photocopy of the course description(s) from the college/university catalog or other descriptive materials must be attached to this form.

Dates for course work or training: Beginning _____ Ending _____

Number of credit hours to be taken - Qtr. Hrs. _____ Semester Hrs. _____

Attach a program of study and a timeline for the leave period requested.

Your major teaching field or responsibility/position at Randolph Community College is:

Do the courses or training relate to your major teaching field or responsibility? Yes No

If no, please explain _____

Upon completion of course work or training, a summary and evaluation of the leave experience along with an official transcript or other appropriate documentation must be submitted to your supervisor and to the Human Resources Office for inclusion in your personnel file.

Signature _____
Employee/Instructor

Signature _____
Dean/Director/Supervisor

FOR ADMINISTRATIVE USE

Date Received _____

Eligibility Yes No

Next eligible date _____

Additional Contract Initiated Yes No

Signature _____
Director of Human Resources (Date)

Approved Disapproved

Reason for Disapproval _____
Amount _____

Signature _____

Date _____

Appropriate Vice President

Signature _____

Date _____

President

Routing after completion: Payroll Technician _____ (Date)

Human Resources Director for filing _____ (Date)